

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222,3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

Mailis Ma O2054	1. Entity ID No.		ne of the limited liability	company		
Principal office address 36 Forest Lane Club Indicate Company And Name Contact Title Manager Name Manager Name Manager Name Manager Name Street Address Stre	000121292	Generic Reality LLC.				
Premises at 400 Highland Corporate Drive, Cumberland, RI City	3. State of Formation		•			
MAINING ADDRESS OF LINTED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name Contact Title Member Manager	RI					out limitation the
Contact Title Member Manager				City Millis		Zip 02054
Theodore lorio Street Address Sireet Address Sireet Address Sireet Address Theodore lorio Street Address Sireet Address Sire		MITED LIABILIT	Y COMPANY AND NA	ME OF TITLE OF CONTAC	T PERSON:	
Marcon M						
Manager Name Manager Name Manager Name Manager Name Manager Name Street Address 36 Forest Lane City Millis MA D2054 Manager Name Manager Name Street Address Street Address Street Address Street Address Street Address Street Address Dity State Zip City State Zip City State Zip City State Zip LRESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. MAR 1 9 2013 MAR 1 9 2013 Under penalty of perjury, I declare and affirm that I have examithis report, luciding any accompanying schedules and stater and that all spatements contained herein are true and correct. Check No Date Date O3/15/201 Signature of Authorized Person Date	Street Address 36 Forest Lane				I	
Street Address 36 Forest Lane City State Zip Manager Name Manager Name Manager Name Street Address Street			RESSES) OF THE LI	WITED LIABILITY COMPAN	Y, IF APPLICABLE: DO	NOTE TO THE METERS
36 Forest Lane Ity	Manager Name Theodore Iorio	<u> </u>	11.	Manager Name		
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the first continue and the state of the stat	Check No			Then	and Join	03/15/2013
Theodore L Iorio	by:			•		
FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person	FOR SECRETARY OF STAT	E USE ONLY				

Form No. 632 Revised: 01/2012