State of Rhode Island and Providence Plantations Office of the Secretary of State       Fee: \$50.0         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040       Fee: \$50.0         Limited Liability Company Annual Report       Image: Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Image: Services Right Company Annual Report       Image: Right Company Annual Report         Filing Period: September 1 - November 1       In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(bKc)) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2013       Image: Right Company 7260 Post Road, LLC         1. ID No.       000522683         2. Exact Name of the Limited Liability Company 7260 Post Road, LLC         3. State of Formation State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Development, acquisition, construction, ownership, sale and lease of real estate.         5. Principal Office Address         No. and Street:       375 COMMERCE PARK ROAD City or Town:         Contact Name:       C/O OCEAN STATE_JOBBERS, INC, Contact Title:       LEGAL DEPARTMENT No. and Street:         No. and Street:       375 COMMERCE PARK ROAD City or Town:       NORTH KINGSTOWN       State: RI       Zip: 02852       Country: USA					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with Thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2013         1. ID No.       000522683         2. Exact Name of the Limited Liability Company 7260 Post Road, LLC         3. State of Formation State: RI         State: RI         Annual Report With Character of the Business Which is Actually Conducted in Rhode Island         Development, acquisition, construction, ownership, sale and lease of real estate.         5. Principal Office Address         No. and Street:       375 COMMERCE PARK ROAD City or Town:       NORTH KINGSTOWN       State: RI       Zip: 02852       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:         COMMERCE PARK ROAD City or Town:       NORTH KINGSTOWN       State: RI       Zip: 02852       Country: USA         A manual street:         A mone of the Limited Liability Company, if Applicable.	RALPH MOIL			Fee: \$50.00	
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2013         1. ID No.       000522683         2. Exact Name of the Limited Liability Company 7260 Post Road, LLC         3. State of Formation         State: Rl         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Development, acquisition, construction, ownership, sale and lease of real estate.         5. Principal Office Address         No. and Street:       375 COMMERCE PARK ROAD         City or Town:       NORTH KINGSTOWN       State: Rl         Contact Name:       C/O OCEAN STATE JOBBERS, INC, Contact Title:       LEGAL DEPARTMENT         No. and Street:       375 COMMERCE PARK ROAD       Contact Name:       CO OCEAN STATE JOBBERS, INC, Contact Title:         Ligat Job Company:       NORTH KINGSTOWN       State: Rl       Zip: 02852       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       State: Rl       Zip: 02852       Country: USA	unecretary of State	148 W. River St Providence RI 0290	reet 14-2615		
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<ul> <li>3. State of Formation State: <u>RI</u></li> <li>4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Development, acquisition, construction, ownership, sale and lease of real estate.</li> <li>5. Principal Office Address No. and Street: <u>375 COMMERCE PARK ROAD</u> City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u></li> <li>6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>C/O OCEAN STATE JOBBERS, INC, Contact Title: LEGAL DEPARTMENT</u> No. and Street: <u>375 COMMERCE PARK ROAD</u> City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u></li> <li>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.</li> </ul>	1. ID No. <u>00052268</u>	<u>3</u>			
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City or Town:       NORTH KINGSTOWN       State: RI       Zip:       02852       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.					
			State: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>	
	ıble.				
Title Individual Name Address	Title				
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country           MANAGER         MARC PERLMAN         375 COMMERCE PARK ROAD	MANAGER		375 COMMERCE	PARK ROAD	
MANAGER         ALAN PERLMAN         357 COMMERCE PARK ROAD	MANAGER ALAN PERLMAN		357 COMMERCE PARK ROAD		
NORTH KINGSTOWN, RI 02852 USA	MANAGER	JOHN D. CONFORTI	375 COMMERCE		
MANAGER JOHN D. CONFORTI 375 COMMERCE PARK ROAD NORTH KINGSTOWN, RI 02852 USA				RI 02852 USA	

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANDREW G. SHOLES, ESQ. 1375 WARWICK AVENUE WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 16 Day of September, 2013 at 9:33:45 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By MARC PERLMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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