

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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.

Anager Name Street Address City Warwick City Warwick Contact Title Member Street Address 193 Posnegansett Avenue Contact Title Member City Warwick City Warwick Contact Title Member Street Address 193 Posnegansett Avenue City Warwick City Warwick City Warwick RI City Warwick RI City Warwick RI City Warwick City Warwick City Warwick City Company, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name None Street Address City State City State Zip Manager Name Manager Name Street Address City State Zip City State Zip Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip	1. Entity ID No. 131865		2. Exact name of the limited liability company POSNEGANSETT PROPERTIES, LLC						
5. Principal office address 193 Posnegansett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William J. Horton, III Street Address 193 Posnegansett Avenue 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBI ("X" BOX FOR ATTACHMENT) Manager Name None Street Address City State Zip O2886 Street Address City State Zip Street Address Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address	3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island Output manager cont. and or call real estate owned by the LLC.						
193 Posnegansett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William J. Horton, III Street Address 193 Posnegansett Avenue 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBI ("X" BOX FOR ATTACHMENT) Manager Name None Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Street Address	Rhode Island	Own, ma	Own, manage, rent and or sen real colate owner by the						
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Manager Name Manager Name Street Address City State Zip City State Zip State Zip State Zip	Street Address			Street Address					
Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip			
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name					
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address					
8, RESIDENT AGENT IN KHODE ISLAND	City	State	Zip	City	State	Zip			
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.	8. RESIDENT AGENT IN F	HODE ISLAND							
This information is currently of fection in the office of the obstacting of the obst	This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes requir	e filing Form 642.	.			

FILED

File Date	OCT 08 2013	Under penalty of perjury, I declare and affirm that I ha this report, including any accompanying schedules a and that all statements contained herein are true and	ind statements,	
Check No BY	1932	Signature of Authorized Person	10-7-2013 Date	
FOR SECRETARY OF STATE USE ONLY		William J. Horton, III		
FUN SECRETARI OF STATE USE ONC.		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012