RALPH MOILS St	ate of Rhode Island and Office of the Se		ntations Fee: \$	50.00
Secretary of State	Division Of Bu 148 W. Ri Providence RI (401) 22	ver Street 02904-2615		
Limited Liability Comp Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability h thirty (30) days after the time enalty fee of \$25.00.			
ANNUAL REPORT YEAR:	2013			
1. ID No. <u>000142423</u>				
2. Exact Name of the Lin	nited Liability Company <u>FR</u>	Y POND INVEST	IENTS, LLC	
3. State of Formation				
State: <u>RI</u>				
	Character of the Business	Which is Actually Co	onducted in Rhode Island	d
REAL ESTATE INVEST	MEN I S			
5. Principal Office Addres	S			
	ESERFVOIR AVENUE		0 0 010 C / USA	
City or Town: <u>CRAN</u>	<u>STON</u>	State: <u>RI</u> Zip:	<u>02910</u> Country: <u>USA</u>	<u> </u>
6. Mailing Address of Lin	ited Liability Company and	Name or Title of Co	ntact Person:	
	N DICKSON Contact Title:			
No. and Street: <u>9145 S</u> City or Town: <u>EVERC</u>	<u>PRING MEADOW CT.</u> GREEN	State: CO Zip:	80439 Country: US	А
·	Each Manager of the Limite			
Title	Individual Name		Address	
	First, Middle, Last, Suffix	Address, City o	r Town, State, Zip Code, Countr	y
	HODE ISLAND - DO NOT ALT of Form 642 - R.I.G.L. 7-16-			
RALPH SACCO, JR. 100	01 RESERVOIR AVENUE CF	ANSTON, RI 02910	<u>)-</u>	
9. This report must be ex	ecuted by an authorized per	son pursuant to R.I.	G.L. 7-16-66 (b).	

Signed this 31 Day of October, 2013 at 3:39:50 PM 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 <u>MATTHEW DICKSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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