Office of the Secretary of State Division Of Business Services 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 within thirty (30) days after the time prescribed by law (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(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(d) (each limited liability company Residual Land Holdings, LLC ANNUAL REPORT YEAR: 2013 1 10 No. 0005550951 2 Exact Name of the Limited Liability Company Residual Land Holdings, LLC 3. State of Formation State: RI State: RI HOLD, OWN, MORTGAGE AND OTHERWISE DEAL IN REAL ESTATE 5. Principal Office Address	50.00
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Contact Name: JEAN VITALI Contact Title:	
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7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Title Individual Name Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Count	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	y
THOMAS J. MOYLAN 50 EXCHANGE TERRACE SUITE 320 PROVIDENCE, RI 02903	у
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).	у

Signed this 5 Day of November, 2013 at 11:41:51 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 <u>THOMAS J. MOYLAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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