STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
110900	Sedona Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	BUYING, SELLING AND DEVELOPING LAND, BUILDINGS AND OFFICES

5. Principal office address	City	State	Zip
1445 Wampanoag Trail, Suite 203	East Providence	RI	02915

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Patrick T. Conley	Manager/Resident Agent

Street Address	City	State	Zip
As stated above			

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE *FILL IN SPACES BEFORE USING ATTACHMENTS. CHECK BOX FOR ATTACHMENT.*

Manager Name	Manager Name
Patrick T. Conley	

Street Address	Street Address
As stated above	

City	State	Zip	City	State	Zip

Manager Name	Manager Name

Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642- R.I.G.L. 7-16-11

Agent Name	Address
PATRICK T. CONLEY	

Address	City	Zip
ONE BRISTOL POINT ROAD	BRISTOL	02809-

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted]

* 110900 *

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Patrick Conley 10/23/02
Signature of Authorized Person *Date*

Patrick T. Conley
Print or Type Name of Authorized Person

[redacted]

File Date 10.25.02
Check No. 1211
By: 2e
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02