

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR\_

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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.

| (  |                                      |                                       |  |  |              |  |
|--|--------------------------------------|---------------------------------------|--|--|--------------|--|
| 108746                                     | 2 Exact name of the limite<br>PGED V | ed liability company                  |  | -  |              |  |
| 3. State of Formation Proce Son            | 4. Brief description                 | on of the character of the hi         | usiness which is actually conducted in deliberation of the second of the | Rhode Island<br>F Real ESTC              | ile          |  |
| 5. Principal office address                | idence s                             | J                                     | Workick  | State                                    | Ö2886        |  |
| niaci Name                                 | S OF LIMITED LIABI                   | LITY COMPANY AND                      | D NAME OR TITLE OF CONTA   | CT PERSON:                               |              |  |
| Street Address Provi                       | idence 5                             | )/<br>                                | Warwick  | State<br>El                              | 02886        |  |
| 7. NAME AND ADDR                           | ESS OF EACH MANA<br>FILL IN          | GER OF THE LIMITI<br>SPACES BEFORE US | ED LIABILITY COMPANY, IF A<br>ING ATTACHMENTS ("X" BO  | APPLICABLE - DO NOT<br>X FOR ATTACHMENT) | LIST MEMBERS |  |
| Manager Name                               |                                      |                                       | Manager Name   | Manager Name                             |              |  |
| Street Address                             |                                      |                                       | Street Address   | Street Address                           |              |  |
| City                                       | State                                | Zip                                   | City   | State                                    | Zip          |  |
| Manager Name                               |                                      |                                       | Manager Name   |  |              |  |
| Street Address                             |                                      |                                       | Street Address   | Street Address                           |              |  |
| City                                       | State                                | Zip                                   | City   | State                                    | Zip          |  |
| 8. RESIDENT AGENT This information is curr |                                      |                                       | of State. Changes require filing   | of Form 642 - R.I.G.L. 7-1               | 6-11         |  |
|  |                                      |                                       |  |  |              |  |

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

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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.

Signature of Authorized Person

Date

Date

Print or Type Name of Authorized Person