

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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.

1. ID.No. 157869	1	tname of the limited liability company nview Condominiums, LLC				
3. State of Formation Rhode Island	4. Brief desc Real est	ription of the character of the hi ate development and i	isiness which is actually conducted in management	Rhode Island		
5. Principal office address 2091 Nooseneck Hill Road			Crp. Coventry	State RI	<i>хұ</i> , 02816	
6. MAILING ADD Contact Name Paul P. Mihailid		ABILITY COMPANY ANI	O NAME OR TITLE OF CONT. Contact Title	ACT PERSON:		
Street Address			City .	State	Zφ	
2091 Nooseneck Hill Road			Coventry	RI	02816	
7, NAME AND AD			D LIABILITY COMPANY, IF A NG ATTACHMENTS — ("X" BO		LIST MEMBERS	
Manager Name Bernard Golf an	d Asset Manageme	ent Corp.	Manager Name	Manager Name		
Siner Address 2091 Noosenec	k Hill Road		Street Address	Street Addriss		
Cty	State	Zip	City:	State	Ζφ	
Coventry	RI	02816			ين لعال ال	
Manager Name			Manager Name			
Street Address	,		Street Address	Since Address P C C C C C C C C C C C C		
City	State	Zip	City	State	Zη ω Ξ - ζ -	
8. RESIDENT AGI	I ENT IN RHODE ISLAT	ND	•	1	3 5.1	
			of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	6-11 3 15 5 7 1	
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					7, 17,	

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

157869

File Date	FILED
Check No.	SEP 2 3 2011
Ву:	m152757
BY	OR SECRETARY OF STATE USE ONLY

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

5.31.11

Date

Paul P. Mihailides

Print or Type Name of Authorized Person