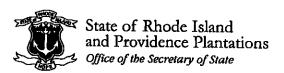
A. Ralph Mollis, Secretary of State

Corporations Division



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 2. Exact name of the limited liability company 159480 Fifth Street Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment 3. State of Formation Rhode island 5. Principal office address Cuv ZID 147 Lloyd Avenue **Providence** RI 02906 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name Contact Title Thomas Mulvey Member Street Address City State 147 Lloyd Avenue **Providence** RI 02906 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT-LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) * [] Manager Name Manager Name Street Address Street Address City State Zip City State Zip Manager Name Street Address Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

159480

File Date	
Check N	, OCT 1 9 2011
Ву:	ar 154630
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Under penalty of perjury, I declare	and affirm that I have examined this report.
including any accompanying sched	lules and statements, and that all statements
contained berein are true and corre	ct.
	10-12-2011
Signature of Authorized Person	Date
Thomas S. Mo	llves
Print or Type Name of Authorized Pe	rson