



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

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 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 150185		2. Exact name of the limited liability company HENRY MANTON, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Real Estate Holding</i>			
5. Principal office address 366 THAMES STREET, P.O. BOX 755		City NEWPORT	State RI	Zip 02804-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>ALEXANDER WALSH</i>		Contact Title			
Street Address <i>366 Thames St</i>		City <i>Newport</i>	State <i>RI</i>	Zip <i>02840</i>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <i>ALEXANDER WALSH</i>		Manager Name			
Street Address <i>366 Thames St</i>		Street Address			
City <i>Newport</i>	State <i>RI</i>	Zip <i>02840</i>	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 ALEXANDER G. WALSH, ESQ.		Address P.O. BOX 755			
Address 366 THAMES STREET		City NEWPORT	Zip 02840-		

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



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File Date _____

FILED

Check No. _____

JUL 27 2007

By: _____

FOR SECRETARY OF STATE USE ONLY

By: *AS 32787*

3:19

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.

Alexander Walsh 7/27/07
Signature of Authorized Person Date

A Walsh
Print or Type Name of Authorized Person

CK#1192