

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.	2. Exact name of the limited liabilty company						
126243	PREMIER HOLDI						
3. State of Formation	* .		the business which is actually condu	cted in Rhode Island			
RHODE ISLAND	REAL ESTA	TE INVESTMENT.					
5. Principal office address			City	State	Zip		
178 B GREEN END AVENUE			MIDDLETOWN	· RI	02842-		
6. HA (BIT G HIR)	(BSS OF LIMITER	LÍAÐILITY EOM	PANY AND NAME OR TITI	E OF CONTACT PER	SONI 1		
Contact Name			Contact Title	Contact Title			
FRED BARROWS	IV		•				
Street Address			City	State	Zip		
178 B GREEN END AVENUE			. MIDDLETOWN	RI	02842-		
7. NAMEZAND ADI	DESCRIPTION OF EASTERN	<del>an</del> agba of th	e eimited Liability co	mpany, if applica	Callegraph (Laberta Leben )		
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		TO WHILECERS RE	OURS FRING OF AMERICATEN	T. R.LG.L 7-16-12 (a) (2) /	7-16-52 图 \$1 \$1 \$1 \$1 \$1 \$1 \$1		
Manager Name			• Manager Name	• Manager Name			
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Street Address			• Street Address	Street Address			
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City	State	Zip	*City	State	Zip		
l <i></i>	]						
Manager Name			•Manager Name				
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City	State	Σ.ιρ	•	Sittle	<i>L.p</i>		
			Changes regulre filing o				
Agent Name		of Declar debuter to deviate	Address		san and an and a single state of the same		
FRED H. BARROWS, IV				178 B GFEEN END AVENUE			
	VVO, IV				lip		
Address			City		•		
			MIDDLETOWN	MIDDLETOWN 02842-			

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



*126243 DL	LC 01/23/07 10:43:36 AM*			
File Date	8-30-07			
Check No.	3715			
Ву:	mne			
FOR 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.

Legh Bamill	1-19-0	1
Signature of Authorized Person	Date	W
Print or Type Name of Authorized Person	Cillian.	

Form 632 Rev. 12/05