



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 2006**

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

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. 120133		2. Exact name of the limited liability company Harmony Holding Company, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, rent and manage real estate	
5. Principal office address P.O. Box 442		City Harmony	State RI
		Zip 02829	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bernard J. Ryan		Contact Title	
Street Address P.O. Box 442		City Harmony	State RI
		Zip 02829	
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) <input type="checkbox"/>			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Joseph A. Anesta		Address 56 Exchange Terrace	
Address Cameron & Mittleman LLP		City Providence	Zip 02903

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

**FILED**

AUG 31 2007

By DA  
23-35691  
1:36

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.

Bernard J. Ryan  
Signature of Authorized Person Date

Bernard J. Ryan  
Print or Type Name of Authorized Person

File Date 2007 AUG 31 PM 1:36

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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