



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. 81381		2. Exact name of the limited liability company ADS INVESTMENTS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, LEASE, SELL AND MANAGE REAL ESTATE	
5. Principal office address 2461 EAST MAIN ROAD		City PORTSMOUTH	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name DUANE K POLSELLI		Zip 02871	
Street Address 2461 EAST MAIN ROAD		City PORTSMOUTH	State RI
		Zip 02871	
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 DUANE K POLSELLI		Manager Name	
Street Address 2461 EAST MAIN ROAD		Street Address	
City PORTSMOUTH	State RI	City	State
Zip 02871		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 DUANE K. POLSELLI		Address	
Address 2461 EAST MAIN ROAD		City PORTSMOUTH	Zip 02871

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

81381

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.

Duane K Polsell 8-30-07
Signature of Authorized Person Date

DUANE K. POLSELLI

Print or Type Name of Authorized Person

File Date	FILED
Check No.	AUG 31 2007 35715
By:	<u>[Signature]</u>
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