

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(K.I.G.L. 7-10-00 (D&C))	is subject t	o a penany jee oj \$25.00	•						
1. ID No.	2. Exact	2. Exact name of the limited liability company							
154257	J.H. NA	NARDONE INVESTMENT, LLC							
3. State of Formation		4. Brief description of the	character of the business whic	th is actually conducted in Rhode Island	ŧ				
RHODE ISLAND		Investments							
5. Principal office address				City	State		Zip		
14 Industrial Drive				Westerly	RI		02891		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Christopher Nardone				OR TITLE OF GONTACT PERSON: Contact Title					
Street Address				City	State		Zip		
14 Industrial Drive				Westerly	RI		02891		
7. NAME AND ADDI	ress of	EACH MANAGER O	r the limited liabi	LITY COMPANY, IF APPLICAB	IF DO N	OT LIST	MEMBERS		
. The second	ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS PUL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name								
Manager Name				Manager Name					
Street Address				Street Address					
City		State	Zip	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 Agent Name GEORGE A. COMOLLI, ESQ.				require filing of Form 642 - R.I.G.L. 7-16-11 Address					
Address 15 FRANKLIN STREET				City WESTERLY	2tp 02891-				

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

File Date	9	13	S. S
Check No.	90		
ByM	K.		SSB-Sy-14
F	OR SECR	ETARY OF STATE U	SE 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.

Signature of Authorized Person

CHRISTOPHER NARDONE Print or Type Name of Authorized Person