RI SOS Filing Number: 200701291260 Date: 09/20/2007 4:00 PM

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

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.	2. Exact name of the limited liability company
104849	TIMBER CREEK RV RESORT, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OPERATING A RECREATIONAL VEHICLE RESORT

5. Principal office address	City	State	Zip
118 Dunns Corners Road	Westerly	RI	02891

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Carol A. Crandall	

Street Address	City	State	Zip
118 Dunns Corners Road	Westerly	RI	02891

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	Street Address	City	State	Zip
Robert A. Crandall	127 Dunns Corners Road	Westerly	RI	02891
Carol A. Crandall				
Manager Name	Street Address	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	Address	City	Zip
MATTHEW L. LEWISS			
Address		City	Zip
79 FRANKLIN STREET		WESTERLY	02891

2007 SEP 25 A 10:20

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

[redacted]

[redacted]

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.

Carol A Crandall 9/19/07
Signature of Authorized Person *Date*

Carol A. Crandall
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. SEP 20 2007
By: By 2124
14561-6-185616
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07