



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. 138266		2. Exact name of the limited liability company HIBISCUS, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Engage in the Business of Real Estate Investment			
5. Principal office address 139 SPARTINA COVE WAY		City South Kingstown	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GLENN TAO		Contact Title Member			
Street Address 139 SPARTINA COVE WAY		City South Kingstown	State RI	Zip 02879	
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 None		Manager Name None			
Street Address n/a		Street Address n/a			
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
Manager Name None		Manager Name None			
Street Address n/a		Street Address n/a			
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Donald J. Packer, Esquire		Address 1220 KINGSTOWN ROAD			
Address		City PEACE DALE		Zip 02879	

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

138266

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.

Glenn Tao 9/6/07
Signature of Authorized Person Date

Glenn Tao

Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 19 2007
By	By <u>1336</u>
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