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
115681	Seabrook Holdings II, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	To acquire, operate, develop, own, improve, lease and dispose of real and personal property

5. Principal office address	City	State	Zip
94 Linden Road	Hampton Falls	NH	03844

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

Contact Name	Contact Title
Scott Mitchell	

Street Address	City	State	Zip
94 Linden Road	Hampton Falls	NH	03844

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
Scott Mitchell	94 Linden Road	Hampton Falls	NH	03844

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
David J. Tracy	50 Kennedy Plaza, Ste. 1500	Providence	02903
Address	Hinckley, Allen & Snyder LLP		

SIGN

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

115681

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 — *Date* 9/25/07

Scott Mitchell
Print or Type Name of Authorized Person

FILED
File Date SEP 28 2007
Check No. 191
By: By
FOR SECRETARY OF STATE USE ONLY

15361-32-191430

Form 632 Rev. 07/07