



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
401.222.3010

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. 115681		2. Exact name of the limited liability company Seabrook Holdings II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire, operate, develop, own, improve, lease and dispose of real and personal property			
5. Principal office address 94 Linden Road		City Hampton Falls	State NH	Zip 03844	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Scott Mitchell			Contact Title		
Street Address 94 Linden Road		City Hampton Falls	State NH	Zip 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 Scott Mitchell			Manager Name		
Street Address 94 Linden Road		Street Address			
City Hampton Falls	State NH	Zip 03844	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 require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name David J. Tracy			Address 50 Kennedy Plaza, Ste. 1500		
Address Hinckley, Allen & Snyder LLP		City Providence	Zip 02903		

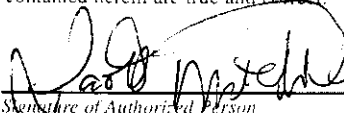
SIGN

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-67 (b).

115681

FILED	
File Date	SEP 28 2007
Check No.	191
By	AMC
FOR SECRETARY OF STATE USE 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
Date 9/25/07

Scott Mitchell

Print or Type Name of Authorized Person