

Upon completion, please detach and mail the annual report below including payment in the amount of \$50.00 made payable to Secretary of State. If the resident agent to whom the annual report was mailed has changed and/or the address of the resident agent has changed, Form 642, along with the appropriate filing fee, if any, must be filed in this office. Form 642 may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us.

7737

HOME AT THE BEACH, LLC
c/o CORPORATION SERVICE COMPANY
222 JEFFERSON BOULEVARD, SUITE 200
WARWICK, RI 02888-

RETAIN FOR YOUR RECORDS	
ID# 158345	HOME AT THE BEACH, LLC
CHECK NUMBER _____	
DATE _____	

DETACH HERE



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. 158345		2. Exact name of the limited liability company HOME AT THE BEACH, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island None.	
5. Principal office address 14 ALOHA RD		City WESTERLY	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN J. LUTRELL		Contact Title MANAGING MEMBER	
Street Address 107 LONG NECK POINT RD		City DARIEN	State CT
		Zip 06320	
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 <input type="checkbox"/>			
Manager Name NONE		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11.			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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

FILED	
OCT 01 2007	
File Date BY 54137	
Check No.	
By	
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.

Steven J. Luttrell 9-28-07
Signature of Authorized Person Date
STEVEN J. LUTRELL
Print or Type Name of Authorized Person