



Office of the Secretary of State

145 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. 114007		2. Exact name of the limited liability company Brook Investments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address 14 HORNE DR.		City WESTERLY	State R.I.
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT G. CLARK		Contact Title OWNER/PRES	
Street Address 14 HORNE DR.		City WESTERLY	State R.I.
		Zip 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 ROBERT G. CLARK		Manager Name	
Street Address 4 BROOKSIDE RD		Street Address	
City WESTERLY	State R.I.	City	State
Zip 02891		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ROBERT CLARK		Address	
Address 4 BROOKSIDE ROAD		City WESTERLY	Zip 02891-

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

FILEDFile Date **OCT 09 2007**Check No. **1760**

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.

Signature of Authorized Person **[Signature]** Date **9/12/07**Print or Type Name of Authorized Person **Robert Clark**