



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. 124897		2. Exact name of the limited liability company SMI Resources, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, invest in, purchase, sell, lease, develop and operate mobile home parks	
5. Principal office address South Manursing Island		City Rye	State NY
		Zip 10580	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT LAUGHLIN		Contact Title Managing Member	
Street Address South Manursing Island		City Rye	State NY
		Zip 10580	
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 Laughlin		Manager Name	
Street Address South Manursing Island		Street Address	
City Rye	State NY	City	State
Zip 10580		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 DAVID P. MARTLAND, ESQ.		Address 1100 AQUIDNECK AVENUE	
Address SILVA THOMAS MARTLAND & OFFENBERG, LTD.		City MIDDLETOWN	Zip 02842

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

FILED	
File Date	OCT 18 2007
Check No.	
By	By 442
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

10/17/07
Date

David P. Martland, Esq.

Print or Type Name of Authorized Person