



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.<br>144798                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>Emerald Light, LLC                                                     |                                  |              |     |
| 3. State of Formation<br>Connecticut                                                                                                                                                                          |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>To hold real estate |                                  |              |     |
| 5. Principal office address<br>88 Sheffield Street                                                                                                                                                            |             | City<br>Old Saybrook                                                                                                     | State<br>CT                      | Zip<br>06475 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                          |                                  |              |     |
| Contact Name<br>Carroll J. Hughes                                                                                                                                                                             |             |                                                                                                                          | Contact Title<br>Manager         |              |     |
| Street Address<br>88 Sheffield Street                                                                                                                                                                         |             | City<br>Old Saybrook                                                                                                     | State<br>CT                      | Zip<br>06475 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                          |                                  |              |     |
| Manager Name<br>Carroll J. Hughes                                                                                                                                                                             |             |                                                                                                                          | Manager Name                     |              |     |
| Street Address<br>88 Sheffield Street                                                                                                                                                                         |             |                                                                                                                          | Street Address                   |              |     |
| City<br>Old Saybrook                                                                                                                                                                                          | State<br>CT | Zip<br>06475                                                                                                             | 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<br>Peter J. McGinn                                                                                                                                                                                 |             |                                                                                                                          | Address<br>Tillinghast Licht LLP |              |     |
| Address<br>10 Weybosset Street                                                                                                                                                                                |             |                                                                                                                          | City<br>Providence               | Zip<br>02903 |     |

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

144798

|                                 |               |
|---------------------------------|---------------|
| <b>FILED</b>                    |               |
| File Date                       | OCT 24 2007   |
| Check No.                       |               |
| By                              | By <u>117</u> |
| 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.

Carroll J. Hughes 10-30-07  
Signature of Authorized Person Date  
Carroll J. Hughes, Manager  
Print or Type Name of Authorized Person