RI SOS Filing Number: 200702928570 Date: 10/25/2007 4:00 PM

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.	2. Exact name of the limited liability company
126948	Backwoods, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	to purchase, maintain, improve, conduct and promote business

5. Principal office address	City	State	Zip
55 School St.	Albion	RI	02802

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Monica O'Donovan	Manager

Street Address	City	State	Zip
P.O. Box 529	Albion	RI	02802-0529

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	Street Address	City	State	Zip
Monica O'Donovan	55 School St	Albion	RI	02802-0529

Manager Name	Street Address	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	Address	City	Zip
Charles H. White	150 Main St	Pawtucket	02860

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

126948

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.

Monica D Donovan 9/1/2007
Signature of Authorized Person *Date*

Monica O'Donovan
Print or Type Name of Authorized Person

File Date	FILED
Check No.	
	OCT 25 2007
By:	By

FOR SECRETARY OF STATE USE ONLY

16167-108-198841

Form 632 Rev. 07/07