

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

Providence, RI 02904-2615 401.222.3040

2007

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

3. State of Formation RHODE ISLAND  1. Brief description of the character of the business which is actually conducted in Rhode Island  5. Principal office address  10. C. HALL TO J. H. H. City H. City RT ONES 9  6. MALLING ADDRESS OF LIMITED HABILITY COMPANY AND NAME OR THE PROPERTY OF CONTACT PERSON:  Contact Name  Contact Name  Contact Title  ARAL ADJY  RI O2829  6. WAY MOUY  RI O2829  7. NAME AND ADDRESS OF EACH MANAGER OF THE IMITED HABILITY COMPANY, IF APPLICABLY DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS (** BOX FOR ATTACHMENT)    Manager Name  Street Address  Agent Name  Address  RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 642 - R. 16.1. 7.16-11  Agent Name  Address	1. ID No. 105561	2. Exact name of the			-			· · · · · · · · · · · · · · · · · · ·
HAYMOUY   RI   O2829	3. State of Formation	4. Brief d	escription of the ch	paracter of the business which	vbich is actually conducted in Rhode Island			
Contact Name  Contact Name  Contact Name  Contact Title  Member  City  PO Box 490  7. NAME AND ADDRESS OF FACH MANAGER OF THE IMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  Address	loc Hamilton Hill				HATMONY	RI	Walter Street	*
7. NAME AND ADDRESS OF FACH MANAGER OF THE IMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS  BILL IN SPACES BEFORE USING ATTACHMENTS (** BOX FOR ATTACHMENT)  Manager Name  Street Address  Street Address  City State Zip City State Zip  Manager Name  Street Address  Street Address  City State Zip  City State Zip  City State Zip  Regult Address  Street Address  Agent Name  **Changes** require filing of Form 642** R.I.G.L. 7-16-11  Address	Contact Name				Contact Title  Men be			
Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  Agent Name  Table 13 And - DO NOT ALTER Change require filing of Form 642 - R.I.G.L. 7-16-11  Address	Po Box 490				HATHOUY	RI	via zii	02829
City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 642 - R.1-G.1. 7-16-11  Agent Name					CHMENTS ("X" BOX FOR AT	BEE - DO N (ACHMENT)		MEMBERS
Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  State  Address  Address  Address	Street Address				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.1-G.L. 7-16-11  Agent Name Address	City	State	Z	(ip	City	State		Zip
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P.O. BOX 490 City Lambday City D2829  HARMONY Zip  02829					3		•	

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

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File Date		
	OCT 29 2007	
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Rv	17(1)	
By:		
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POR	SECRETARY OF STATE	USB 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

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Print or Type Name of Authorized Person