



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

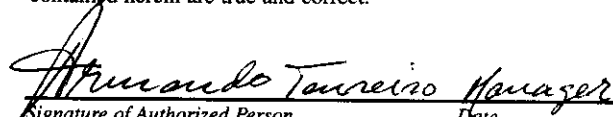
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 149279		2. Exact name of the limited liability company Lot No. 1 Ashton Hollow Subdivision, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION AND SALE OF SINGLE FAMILY RESIDENCE	
5. Principal office address 300 Front Street		City Lincoln	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Armando Tenreiro		Contact Title Manager	
Street Address 68 Rabbitt Hill Road		City Cumberland	State RI
		Zip 02864	
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) FOR ATTACHMENT ☐			
Manager Name Armando Tenreiro		Manager Name	
Street Address 68 Rabbitt Hill Road		Street Address	
City Cumberland	State RI	City	State
Zip 02864		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 GEORGE M. PRESCOTT, ESQ.		Address	
Address 300 FRONT STREET		City LINCOLN	Zip 02865

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

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 Date **10-25-2007**
Armando Tenreiro Manager
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 29 2007
By:	By 2450
FOR SECRETARY OF STATE USE ONLY	