



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

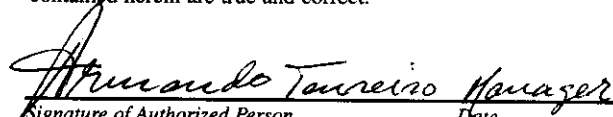
**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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><b>149279</b>                                                                                                                                                                       |                    | 2. Exact name of the limited liability company<br><b>Lot No. 1 Ashton Hollow Subdivision, LLC</b>                                                            |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                     |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>CONSTRUCTION AND SALE OF SINGLE FAMILY RESIDENCE</b> |                     |
| 5. Principal office address<br><b>300 Front Street</b>                                                                                                                                           |                    | City<br><b>Lincoln</b>                                                                                                                                       | State<br><b>RI</b>  |
|                                                                                                                                                                                                  |                    | Zip<br><b>02865</b>                                                                                                                                          |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON                                                                                                              |                    |                                                                                                                                                              |                     |
| Contact Name<br><b>Armando Tenreiro</b>                                                                                                                                                          |                    | Contact Title<br><b>Manager</b>                                                                                                                              |                     |
| Street Address<br><b>68 Rabbitt Hill Road</b>                                                                                                                                                    |                    | City<br><b>Cumberland</b>                                                                                                                                    | State<br><b>RI</b>  |
|                                                                                                                                                                                                  |                    | Zip<br><b>02864</b>                                                                                                                                          |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) FOR ATTACHMENT <input type="checkbox"/> |                    |                                                                                                                                                              |                     |
| Manager Name<br><b>Armando Tenreiro</b>                                                                                                                                                          |                    | Manager Name                                                                                                                                                 |                     |
| Street Address<br><b>68 Rabbitt Hill Road</b>                                                                                                                                                    |                    | Street Address                                                                                                                                               |                     |
| City<br><b>Cumberland</b>                                                                                                                                                                        | State<br><b>RI</b> | City                                                                                                                                                         | State               |
| Zip<br><b>02864</b>                                                                                                                                                                              |                    | 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<br><b>GEORGE M. PRESCOTT, ESQ.</b>                                                                                                                                                    |                    | Address                                                                                                                                                      |                     |
| Address<br><b>300 FRONT STREET</b>                                                                                                                                                               |                    | City<br><b>LINCOLN</b>                                                                                                                                       | Zip<br><b>02865</b> |

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                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 29 2007</b> |
| By:                             | <b>By 2450</b>     |
| FOR SECRETARY OF STATE USE ONLY |                    |