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
149279	Lot No. 1 Ashton Hollow Subdivision, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	CONSTRUCTION AND SALE OF SINGLE FAMILY RESIDENCE

5. Principal office address	City	State	Zip
300 Front Street	Lincoln	RI	02865

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

Contact Name	Contact Title
Armando Tenreiro	Manager

Street Address	City	State	Zip
68 Rabbitt Hill Road	Cumberland	RI	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" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Armando Tenreiro	68 Rabbitt Hill Road	Cumberland	RI	02864

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
GEORGE M. PRESCOTT, ESQ.	300 FRONT STREET	LINCOLN	02865-

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

[redacted] [redacted]

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.

Armando Tenreiro Manager
Signature of Authorized Person *Date* 10-25-2007

Armando Tenreiro Manager
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. OCT 29 2007
By: By

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07