



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

1. ID No. 129965		2. Exact name of the limited liability company Arrow Holdings, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLD OWN BUY SELL MORTGAGE & LEASE REAL ESTATE	
5. Principal office address 32 CUSTOM HOUSE STREET, SUITE 200		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID A. CORSETTI		Contact Title Operating Manager	
Street Address 32 CUSTOM HOUSE STREET, SUITE 200		City PROVIDENCE	State RI
		Zip 02903-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	Zip	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name F. MOORE MCLAUGHLIN, IV ESQ.		Address 32 CUSTOM HOUSE STREET, SUITE 500	
Address		City PROVIDENCE	Zip 02903-

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	FILED
Check No.	NOV 02 2007
By:	By: [Signature]
FOR SECRETARY OF STATE USE 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

Date

David A. Corsetti

Print or Type Name of Authorized Person