



and PROVIDENCE, RHODE ISLAND
Office of the Secretary of State

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. 133981 | | 2. Exact name of the limited liability company Ayrault Holdings, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL REAL ESTATE | |
| 5. Principal office address PO BOX 570 | | City Newport | State RI |
| | | Zip 02840 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. | | | |
| Contact Name DARRELL HALLETT | | Contact Title MANAGER | |
| Street Address PO BOX 570 | | City Newport | State RI |
| | | Zip 02840 | |
| 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) <input type="checkbox"/> | | | |
| Manager Name DARRELL HALLETT | | Manager Name | |
| Street Address PO BOX 570 | | Street Address | |
| City Newport | State RI | City | State |
| Zip 02840 | | 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 DARRELL M. HALLETT | | Address | |
| Address 2 CLIFF TERRACE | | City NEWPORT | Zip 02840 |

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

| | |
|---------------------------------|--|
| FILED | |
| File Date NOV 13 2007 | |
| Check No. | |
| By: By J08 | |
| 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.

DMHallett **10/29/07**
Signature of Authorized Person Date
DMHallett
Print or Type Name of Authorized Person