

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

.G.L., 7-16-66 (b&	2 Exact n	ame of the limited li	ability company				
ID No. 12503	CAND	HILL DEVELO	PMENT, LLC				
		SAND HILL DEVELOPMENT, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island					
State of Formation		1	/ / -	- lowlocat			
HODE ISLAN	1D	recl	es to te	City	State	Zip	
Principal office address			NARRAGANSETT	RI	02882		
O BOSTON	NECK ROA	ND .		NAME OF TITLE OF CONTACT P	PERSON:		
MAILING ADI	DRESS OF L	MITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P			
ntact Name				G. A.			
EVIN DURFEE			City	State	Zip		
reet Address				NARRAGANSETT	Ri	02882	
O BOSTON NECK ROAD NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LI					- 0.340	M TYOT MEMDEDS	
	DESTRUCTION	EACH MANAG	ER OF THE LIMITE	D LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NU</u>	T 1121 MEMBERS	
NAME AND A	ADDRESS OF	FILL IN SI	PACES BEFORE USIN	NG ATTACHMENTS ("X" BOX FOR	R ATTACHMENT)	Ц	
• • • • • • • • • • • • • • • • • • • •					Manager Name		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

142503

File Date	110.13.07
Check No.	1087
Ву:	KM
]	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.

KEVIN DURFEE

Print or Type Name of Authorized Person

Form 632 Rev. 07/07