



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

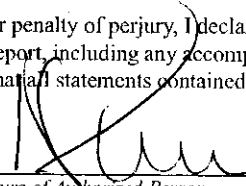
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128474		2. Exact name of the limited liability company MORETON MARSHWATER REALTY, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island BUY, SELL, MANAGE REAL ESTATE	
5. Principal office address P.O. Box 28		City Bristol	State RI Zip 02809
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Karen Marsh		Contact Title Manager	
Street Address 327 Poppasquash Road		City Bristol	State RI Zip 02809
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 Karen Marsh		Manager Name Warren B. Marsh	
Street Address 327 Poppasquash Road		Street Address 327 Poppasquash Road	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Manager Name None		Manager Name None	
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 Matthew D. Slepko, Esq.		Address	
Address 1481 Wampanoag Trail		City East Providence	Zip 02915

This report must be signed in ink by an authorized person pursuant to 7-16-66.

FILED	
File Date	NOV 15 2007
Check No.	
By	881 mnc
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 11/9/07

Karen Marsh, Manager

Print or Type Name of Authorized Person