RI SOS Filing Number: 200704177570 Date: 11/15/2007 4:00 PM

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.	2. Exact name of the limited liabilty company
128474	MORETON MARSHWATER REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	BUY, SELL, MANAGE REAL ESTATE

5. Principal office address	City	State	Zip
P.O. Box 28	Bristol	RI	02809

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

Contact Name	Contact Title
Karen Marsh	Manager

Street Address	City	State	Zip
327 Poppasquash Road	Bristol	RI	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	Manager Name
Karen Marsh	Warren B. Marsh
Street Address	Street Address
327 Poppasquash Road	327 Poppasquash Road
City / State / Zip	City / State / Zip
Bristol / RI / 02809	Bristol / RI / 02809
Manager Name	Manager Name
None	None
Street Address	Street Address
City / State / Zip	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
Matthew D. Slepkow, Esq.	
Address	**City** / **Zip**
fg 1481 Wampanoag Trail	East Providence / 02915

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

[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.

Signature of Authorized Person *Date* 11/9/07

Karen Marsh, Manager
Print or Type Name of Authorized Person

[redacted]

FILED
File Date NOV 15 2007
Check No. 881
By
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163717200083

Form 632 Rev. 6/02