

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

142929

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

(K.I.G.L. 7-10-00 (D&C)) is subject i	to a penalty fee of \$25.00).				
1, ID No.	2. Exact	Exact name of the limited liability company					
142929	Woodl	oodland Meeting House, LLC					
3. State of Formation 4. Brief description of the character of the business			character of the business whi	bíob is actually conducted in Rhode Island			
Rhode Island Restaurant/Bar							
5. Principal office address				Chy	Siate	Ζip	
115 East Killingly Road			Foster	RI	02825		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				OR TITLE OF CONTA	CT PERSON:		
Contact Name				Contact Title			
Lisa Mills				President			
Street Address			City:	State	Zip		
115 East Killingly Road				Foster	Ri	02825	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS							
		FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX	FOR ATTACHMENT)		
Manager Name				Manager Name			
Street Address				Street Address			
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Сиу		State	Ζiþ	City	State	SE CE	
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Manager Name				State Sp S S S S S S S S S S S S S S S S S S			
				<u> </u>			
Street Address				Street Address 8 2-4			
				:		<u> </u>	
City*		State	Zip	City	Srate	6-11 32 STATE (S. D. N. T. S. D. S. D. N. T. S. D. N. T. S. D. N. T. S. D. N. T. S. D. N.	
			IOT LITER Channel) 	640. DICX 7.1 .		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes				Address			
Agent Name				FIGURE LAL?		that ?	
Frank S. Lombardi, Esquire						T.	
Address				City		Ζip	
225 Broadway				Providence		02903	

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

	Under penalty of perjury, I declare and affirm that I have examined this report
W	including any accompanying schedules and statements, and that all statements contained herein are true and conject.
File Date	Tuchshill 131.08
Check No. FEB 2 8 2008	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person