

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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00

(A.1.0.12 7-10-00 (B&C)) 1	s subject to a penaity fee of \$.					
1. ID No. 2. Exact name of the limited liability company						
126960	Monn	Developmen	X LIC			
3. State of Formation	4. Brief description of	f the character of the husiness i	which is actually conducted in Rho	ode Island		
LI	ilui	ESMIC				
5. Principal office address			City	State	Zip	
40 Sung Bruk Onice			Nh	(T)	62852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name			Contact Title			
1 Cest	TCA M M	0012	Sane Sane Zip Sane			
Street Address (And			City	State State	Zip	
Same					Sane	
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)						
Manager Name /			Manager Name			
Cesala M Mone						
Street Address	,		Street Address	Street Address		
Street Address 10 Sinny Mich Orice City Nh State 2 D 2852						
City	State	Zip	City	State	Zip	
/0h	127	02852				
Manager Name	*************************	************************	Manager Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
					23.	
8. RESIDENT AGENT	IN RHODE ISLAND - DO	NOT ALTER - Change	s require filing of Form	642 - R.I.G.L. 7-16-11	•	
Agent Name		Ū	Address			
			·			
Address			City	27.5	775	
			=7	Zip		

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, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.
File Date FILED Check No. JUL 0 9 2008	Review M mmg 6121115
ву. Ву. 4324 A 4335	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person