



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.

1. ID No. 132135		2. Exact name of the limited liability company Haversham Development, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate	
5. Principal office address 366 Post Road c/o AP&S, One Citizens Plaza, 8th Floor		City Westerly Providence	State RI
			Zip 02891 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stanley J. Kanter, Esq. Finn M W Caspersen		Contact Title Manager's Attorney Member	
Street Address 366 Post Road One Citizens Plaza, 8th Floor		City Westerly Providence	State RI
			Zip 02891 02903
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) <input type="checkbox"/>			
Manager Name Finn M.W. Caspersen		Manager Name None	
Street Address 366 Post Road c/o AP&S, One Citizens Plaza, 8th Floor		Street Address	
City Westerly Providence	State RI	Zip 02903 02891	City State Zip
Manager Name None		Manager Name 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 Stanley J. Kanter, Esq.		Address	
Address One Citizens Plaza, 8th Floor		City PROVIDENCE	Zip 02903

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

132135

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File Date	FILED
Check No.	JUL 08 2008
By:	By <u>[Signature]</u>
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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] Date 10-26-07
Signature of Authorized Person
Finn M. W. Caspersen
Print or Type Name of Authorized Person

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