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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.	2. Exact name of the limited liability company		
100244	MERCHANT MANAGERS, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	MANAGEMENT OF REAL ESTATE		
5. Principal office address	City	State	Zip
15 Dixon St	Westerly	RI	02891

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

Contact Name	Contact Title		
Michael E. Herst	Manager		
Street Address	City	State	Zip
15 Dixon St	Westerly	RI	02891

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
Michael E. Herst	Christopher M. D'Angelo
Street Address	Street Address
84 Ocean View Ave	36 Tom Wheeler Rd
City / State / Zip	City / State / Zip
Mystic / CT / 06355	North Stonington / CT / 06359
Manager Name	Manager Name
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	
JOSEPH J. DEANGELIS, ESQ.		
Address	City	Zip
1177 GREENWICH AVENUE	WARWICK	02886-

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

[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.

6/12/08
Signature of Authorized Person *Date*

Michael E. Herst
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. JUL 18 2008
By: 382Y 307
By [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07