

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 2002

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 limi	ted liability company				
87500	Royal Holding, LL					
3. State of Formation	<del></del>	4. Brief description of the character of the husiness which is actually conducted in Rhode Island				
RI		holding company	V			
5. Principal office addres			City:	State	Zip	
703 West Shore Road			Warwick	RI	02889	
	SS OF LIMITED LIAB	JLITY COMPANY AN	D NAME OR TITLE OF CONTA	ACT PERSON:		
Contact Name			Contact Title	Contact Title		
Louis A. DeSimon	·e		Agent for service	Agent for service		
Street Address			City	State	Ζip	
703 West Shore R	oad		Warwick	RI	02889	
7. NAME AND ADD	RESS OF EACH MAN	GER OF THE LIMIT	ED LIABILITY COMPANY, IF A	PPLICABLE - DO NO	T LIST MEMBERS	
	FILL IN	SPACES BEFORE US	ING ATTACHMENTS ("X" BO)			
Manager Name			Manager Name	Manager Name		
N/A						
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
**********						
Manager Name			Manager Name			
Company of July 200			<u> </u>			
Street Address			Street Address			
City	State	Zip	City	C4	Les .	
Ciris	ayane	Σψ	Cirj	State	Z(p	
8. RESIDENT AGEN	I IN RHODE ISLAND	- DO NOT ALTER - (	hanges require filing of For	m 642 - R.I.G.L. 7-16		
			Address	CONTRACTOR PROPERTY V. III T.	TT 1	
Agent Name						
	е					
Agent Name	е		City	1.	Zψ	

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

	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	85:01 MA 65 3UA 8005 3-11-08
Pho:	AIO SINDLY NO 2000 Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person