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 2008

**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 |
|---|---|
| 00132135 | Haversham Development,LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Rhode Island | real estate |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 366 Post Road | Westerly | Rhode Island | 02891 |

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

| Contact Name | Contact Title |
|---|---|
| Diane Kenenski | Office Manager |

| Street Address | City | State | Zip |
|---|---|---|---|
| 366 Post Road | Westerly | Rhode Island | 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 | Street Address | City | State | Zip |
|---|---|---|---|---|
| Finn M. W. Caspersen | 366 Post Road | Westerly | Rhode Island | 02891 |
| | | | | |
| | | | | |

| Manager Name | Street Address | 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 | City | Zip |
|---|---|---|---|
| Finn M. W. Caspersen | 366 Post Road | Westerly | 02891 |

*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.

*Signature of Authorized Person* *Date* 9/10/08

[redacted] Finn M. W. Caspersen

*Print or Type Name of Authorized Person*

*File Date* 9-17-08
*Check No.* 1440
*By:* MNC

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07