

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008 illing Period: September 1 - November 1 - Filing Fee: \$50.00

a accordance with R.I.G.L. 7-16-66 R.I.G.L. 7-16-66 (b&c)) is subject to	(d), each limited liability	company failing or refusing	g to file its annual report within thirt	y (30) days after the tin	ne prescribed by law	
1. ID No. 2. Exact r	name of the limited liability	Square.	LLC			
State of Formation Rhode Island	4. Brief description of the o	sharacter of the business which	b is actually conducted in Rhode Island Teal Co	state	70	
Principal office address P. D. Box 384	OTT COT	n Neck Road	Block Island OR TITLE OF CONTACT PERS	State RT	02807	
MAHING ADDRESS OF LI Contact Name	Beebe_		Contact Title Managing	Hember		
reel Address P.O. Box 3	184, off (orn Neck Rd	Block Island	State R. T.	02807	
NAME AND ADDRESS OF	EACH MANAGER O FILL IN SPACES	THE LIMITED LIABI BEFORE USING ATTA	CHMEND LA PLATANA		ST MEMBERS	
Cynthia	Beebe		Manager Name			
reet Address P.D. Box 384	, off Corr	Neck Road	Street Address	· · · · · · · · · · · · · · · · · · ·	20.	
Block Island	State RI	02807	City	State	Zip	
Manager Name	4		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI Agent Name	ODE ISLAND - DO	or Arrive Changes	require filing of Form 642.	. 1		
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P.U. Box	\(\delta\)	and the second s	WIOCA ISLAN	1 <i>G</i> [Daoul	

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

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Under penalty of perjury, I declare and affirm that I have examined this repon including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Cyrthic Da	ale	9	12	08
Signature of Authorized Person	Date	,		