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&e)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
000116442	Eschaton, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	Holding company		
5. Principal office address	City	State	Zip
Two Peaceable Street	Ridgefield	CT	06877

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

Contact Name	Contact Title		
Wayne C. Channer	Manager		
Street Address	City	State	Zip
15 Pine Hollow Lane	New York	NY	10128

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
Wayne C. Channer	Allson Benusis
Street Address	Street Address
15 Pine Hollow Lane	Two Peaceable Streeet
City / State / Zip	New York / NY / 10128	Ridgefield / CT / 06877
Manager Name	Manager Name
Street Address	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		
National Registered Agents, Inc.			
Address	City	Zip
222 Jefferson Blvd., Suite 200	Warwick, RI	02888

2008 SEP 22 PM 12:07

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

[redacted] 000116442 [redacted]

File Date	FILED
Check No.	SEP 22 2008
By:	By

FOR SECRETARY OF STATE USE ONLY

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.

Wayne C Channer 9/9/08
Signature of Authorized Person *Date*

Wayne C. Channer, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 07/07

25947-1-245615