

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							
104086	· ·	Division Water Associates, LLC						
3. State of Formation	.I		husiness which is actually conducted in	·· ••7 J . • ••7 J				
RHODE ISLAND	1	NOT OF the character of the P ATE RENTALS	mismess woten is actually conducted in	1 Khode Island				
		.IE KENIALO	F					
5. Principal office address 100 Beechwood D			City	State	Zφ			
		la ligadoure recedençaçãos (m.	Cranston	RI 	02921			
Contact Name	55 OF LIMITED LIAB	ILITY COMPANY AS	ND NAME OR TITLE OF CONT : Contact Title	ACT PERSON:				
CARL WEINBERG	à		COMMONTING	Connect Tine				
Street Address			City	State	Zip			
100 Beechwood Dr	rive		Cranston	RI	02921			
COUNTRIBUTE OF THE PARTY OF THE COUNTRIBUTE OF THE COUNTRIBUTE OF THE COUNTRIBUTE OF THE COUNTRIBUTE OF THE CO		s - consiste Ritorial de la	nalan Sanganjanusa - ta e encentral mari					
7. NAME AND ADDE			TED LIABILITY COMPANY, IF					
		SEACES DEFORE CO	(080809) KGARBANASAN KASAN KASAN KASAN	CHMENTS ('X' BOX FOR ATTACHMENT)				
Manager Name			Manager Name		ı			
Street Address			Street Address	Street Address				
<u></u>								
City	State	Zip	City	State	Zip			
			***************************************	L				
Manager Name	•		Manager Name	Manager Name				
Street Address	<u> </u>							
Street Adaress			Street Address					
City	State	Ziþ						
Cny	Sizae	\sup_{\sum_{i}}	City	State	Zψ			
8. RESIDENT AGENT	IN RHODE ISLAND	- DO NOT ALTER -	Changes require filing of Fo	- 642 10 1 G 1 7 1				
Agent Name	្ត្រីក្រុងមួយមួយ មួយ មួយ មួយ មួយ មួយ មួយ មួយ មួយ ម	Setting Marketing and the	Address	The state of the s				
BRUCE A. WOLPE	ERT. ESQ							
Address			Citv		Zψ			
	TREET, SUITE 530	1	PROVIDENCE	,	02903			
TO DOINT VALVE OF	AREET, SOTTE SOO	,	FRUVIDEINGE		1 02303			

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

104086

File Date FILED Check No. SEP 18 2008 By: By \ 3.3.2 FOR SECRETARY OF STATE USE ONLY			
Tile Date	ga especiale		
Tile Date			
Check No. SEP 1.8 2008 By 3.3.3 FOR SECRETARY OF STATE USE ONLY	rue Date		
Cheel No. SEP 18 2008 By 333 FOR SECRETARY OF STATE USE ONLY			
By: By 332 FOR SECRETARY OF STATE USE ONLY			
By 333 For secretary of state use only	Check No.	C TO THE	
By \333 FOR SECRETARY OF STATE USE ONLY		OLT I) ZUUU
By 333 FOR SECRETARY OF STATE USE ONLY			
FOR SECRETARY OF STATE USE ONLY	$B_{\mathbf{v}}$		79
FOR SECRETARY OF STATE USE ONLY			
FOR SECRETARY OF STATE USE ONLY			
		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.

Signature of Authorized Person

CARL WEINBERG

Print or Type Name of Authorized Person

Form 632 Rev. 07/07