

A. Ralph Mollis, Secretary of State

Corporations Existin 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

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1. ID No. 144718	1	2. Exact name of the limited liability company								
	E&H	E & H ROSE PROPERTIES, LLC								
3. State of Formation		4. Brief description of the character of the husiness which is actually conducted in Rhode Island								
RI CONSTRUCTION			V	OFFC EMERICA						
5. Principal office ada		4	***************************************	Сйу	State	Zip				
3748 FLAT RIVER ROAD				COVENTRY	l _{RI}	02816				
6. MAILING ADD	RESS OF I	IMITED LIA	BILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:					
Conact Name				Contact Title						
HENRY ROSE, JR.				MANAGER						
Street Address				City	State	Zip				
3748 FLAT RIVER ROAD				COVENTRY	RI	02816				
7. NAME AND AD	DRESS OF	EACH MAN	AGER OF THE LIMITED	LIABILITY COMPANY, IF API	RIICABLE - DO	NOT HET MEMBERS				
		FILL IN	SPACES BEFORE USIN	G ATTACHMENTS ("X" BOX F	OR ATTACHMENT)					
Manager Name			TO SECURE THE LOCATION OF THE PROPERTY OF THE PARTY.	: Manager Name	контранический при					
HENRY ROSE,	JR.									
Street Address				Street Address	Street Address					
3748 FLAT RIVE	ER ROAD									
City COVENTRY		State RI	^{Zip} 02816	City -	State	Zip				
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Manager Name				Manager Name	Manager Name					
Street Address	· · · · · · · · · · · · · · · · · · ·									
Street Address				Street Address						
City		52 to	1							
CVE		State	Zip	Clty	State	Zip				
8. RESIDENT AGE	NT IN RHO	IDE ISLAND	Lava Kamarata	inges require filing of Form	SCOOTERN TEXT TO THE REPORT OF THE	iii ilinotava iliilingon na kalininka kasa kan on masa.				
Agent Name			THO WI WIER - VIII	inges require filing of Form	642 - R.I.G.L. 7-1					
BERNARD A. PO	OIRIER			11919 633						
Address				Cin		1				
469 CENTERVILLE ROAD, STE 203				City		Zip				
100 04.111211712	LL IVOAL	7, STL 200		WARWICK		02886				

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 report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

e of Authorized Person

HENRY ROSE

Print or Type Name of Authorized Person