



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. 144718		2. Exact name of the limited liability company E & H ROSE PROPERTIES, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION			
5. Principal office address 3748 FLAT RIVER ROAD		City COVENTRY		State RI	Zip 02816
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HENRY ROSE, JR.		Contact Title MANAGER			
Street Address 3748 FLAT RIVER ROAD		City COVENTRY		State RI	Zip 02816
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) <input type="checkbox"/>					
Manager Name HENRY ROSE, JR.		Manager Name			
Street Address 3748 FLAT RIVER ROAD		Street Address			
City COVENTRY	State RI	Zip 02816	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Agent Name BERNARD A. POIRIER		Address			
Address 469 CENTERVILLE ROAD, STE 203		City WARWICK		Zip 02886	

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

144718

FILED
File Date _____
Check No. **SEP 18 2008** _____
By **14410** _____
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 _____ Date 9/15/09

HENRY ROSE

Print or Type Name of Authorized Person