

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* · THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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. 126625		in one of the limited liability company in Development Company, LLC				
3. State of Formation 4. Brief description of the character of the busines. Rhode Island Investment and management of processing the state of the busines.						
5. Principal office address P.O. Box 335			<i>City</i> Saunderstöwn	State RI	2iμ 02874	
6. MAILING ADDRE Contact Name Paul F. Lischio	SS OF LIMITED LIAE	ILITY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title Manager	PERSON:		
Street Address 1130 Ten Rod Road			City North Kingstown	State RI	^{Zip} 02852	
Manager Name Paul F. Lischio	RESS OF EACH MAN	AGER OF THE LIMITEI SPACES BEFORE USIN	D LIABILITY COMPANY, IF APPL IG ATTACHMENTS. ("X" BOX FO Manager Name	ICABLE - <u>DO NO</u> RATTACHMENT) [T LIST MEMBERS	
Street Address 1130 Ten Rod Roa	ıd		Street Address			
City North Kingstown	State RI	<i>Z</i> p 02852	City	State	Zip	
Manager Name			Manager Name	•••••••		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zφ	
8. RESIDENT AGENT This information is cur	i initialization of the	Office of the Secretary of	f State. Changes require filing of Fo	rm 642 - R.I.G.L. 7-	1 16-11	

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

126625

FIL	
File Date SEP 1 Check No.	26 2008
By.	<u>/233</u>
FOR SEC	RETARY 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 therein are true and correct

Signature of Authorized Person

3eptember **47**. 2008

Paul F. Lischio, Manager

Print or Type Name of Authorized Person