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* • **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. 127060	*2. Exact name of the limited liability company* WOLFBORO INVESTMENTS, LLC
3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* MANAGEMENT OF RENTAL PROPERTY

5. Principal office address	*City*	*State*	*Zip*
593 KETTLE POND DRIVE	WAKEFIELD	RI	02879

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

Contact Name	*Contact Title*
Michael A. Gaunya	

Street Address	*City*	*State*	*Zip*
593 Kettle Pond Drive	Wakefield	RI	02879

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*
Michael A. Gaunya	
Street Address	*Street Address*
593 Kettle Pond Drive	

City	*State*	*Zip*	*City*	*State*	*Zip*
Wakefield	RI	02879			
Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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2008 SEP 25 PM 12:59
SECRETARY OF STATE
CORPORATIONS DIV.

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

127060

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* 9-22-08

Michael A. Gaunya
Print or Type Name of Authorized Person

File Date FILED
Check No.
SEP 26 2008
By By
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08