

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. 152943		t name of the limited liability company NERSTONE INN, LLC					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the busine TO OPERATE AN INN			siness which is actually conducted in Rh	ode Island			
5. Principal office address 236 POST ROAD.			City WESTERLY	State RI	<sup>Zip</sup> 02891		
Contact Name		ILITY COMPANY AND	NAME OR TITLE OF CONTACT PERSON:  Contact Title				
Stanton J. Terranova, Sr.  Street Address P.O. Box 1965			City Westerly	State RI	<i>Ζφ</i> 02891		
7. Name and Addi		GER OF THE LIMITEI SPACES BEFORE USIN	i D LIABILITY COMPANY, IF AP		RAN INDI ING ANDRONOMO INTERNACIONA		
Manager Name Stanton J. Terranova, Sr.			Manager Name	inilalahannonon-tanggastikki. Kalisiosianilalakin inilalah kalisianilalah Kalisianilalah kalisi kalisi kalisi			
Street Address P.O. Box 1965			Street Address				
City Westerly	State RI	<i>Ζφ</i> 02891	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
8. RESIDENT AGENT This information is cur	*: -everevenene :e;eve;v::;v: 've -vr;:sv=estse;est ::	$Z_{\overline{P}}$ Office of the Secretary of	City  of State. Changes require filing of	State   State   Form 642 - R.I.G.L. 7-1	6-11 S O		
					RECKIVED RECKIVED REP 25 PM 2: 59		
					<b>6</b>		

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

152943

			<del> </del>
80000000000000	C1111CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	is that agot pay figure	
		42 (130) (140) (140) (140)	
***************	a comment of the second	C 90: cook per ecu:	
· / : / : / : / : / : / : / : / : / : /	American All Contraction and the	ACCUMENT RESIDENCE RESIDENCE (\$150.00)	
	\$ 30.0 months ( 100 to 10 to 1	5 A	
	7-		\$46232345**** 2543262625462644546446446***
	\$200 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4	***********************	}:-::-:-:-:-::::::::::::::::::::::::::
halo dante	• *************************************		
E MC L. MIC	A 9 43 43 43 43 43 43 43 43 44 4 7 11 * * * * * * * * * * * * * * * * *	[ 14 16	****************
***************		**************************************	****************
()/////////////////////////////////////	SEP	<b>26</b> 2008	234725423377
4,	4979494949444497974	Company of the second	}{}}}
		7 B /	***************************************
	100 · · · · 00 0730 00 047 07 17		.,(,,),,,)()_,,,,,,,,,,,,,,,,,,,,,,,,,,,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		manager with the same and the same	*** ****************** *********
A Charles MA			C. C. J. C.
Check No			, ., ., ., ., ., ., ., ., ., ., .,
	81	The second secon	
	(COO) (100 COO)		
*****************	1-11 Table 11 Table 1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			***************************************
	113(3) W. A.		
***************************************	5756565656565757474747474747474747474747	***************************************	
		C - 20320 Fall 20 - 10 10 10 10 10 10 10 10 10 10 10 10 10	anaaaaaaaaa aaaaaaaaaaaaaaa
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00710000000000000	::::::::::::::::::::::::::::::::::::::
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		*********************	13. 20. 128 173 173 173 173 174 1
:::::::::::::::::::::::::::::::::::::::	13:1 Y371(1:371)1111111111111111111111111111111111	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
	FOR SECRETA	DAZAKA CIERDATAKA	CIT-PARTENZOCCO
	FUR SEUBERN	RY OF STATE U	
	Farm III III III III III III III III III I		Street From Park Belleville (Street For
	\$5000000000000000000000000000000000000	<	

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 tolk and correct.

/ / / /

Signature of Authorizea Person

Stanton J. Terranova, Sr.

Print or Type Name of Authorized Person