RALPH MOI	State of Rhode Island a Office of the S			IS Fee: \$50.00
Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040				
Limited Liabilit Annual Report Filing Period: Septe	y Company ember 1 - November 1			
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.				
ANNUAL REPORT	YEAR: <u>2008</u>			
1. ID No. <u>000138944</u>				
2. Exact Name of the Limited Liability Company Meror Associates LLC				
3. State of Forma	ation			
State:				
HOSPITALITY				
No. and Street: City or Town:	<u>19 SIGNOURNEY ROAD</u> <u>PORTSMOUTH</u>	State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>
6. Mailing Addres	ss of Limited Liability Company an	d Name or Title	of Contact Pe	rson:
Contact Name: C	ontact Title:			
No. and Street:	19 SIGNOURNEY ROAD			
City or Town:	PORTSMOUTH	State: <u>RI</u>	Zip: <u>02871</u>	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addr	ess
	First, Middle, Last, Suffix	Addre	ss, City or Town, S	ate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
RODERICK J. L	OWE 19 SIGOURNEY ROAD PORTS	<u>MOUTH</u> , <u>RI 028</u>	<u>71-</u>	
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 7 Day of October, 2008 at 2:52:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are*

true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>RODERICK J. LOWE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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