

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. 113356	2. Exact name of the lim H.M.S. DEVELOR									
3. State of Formation RHODE ISLAND	4. Brief descrip REAL EST	tion of the chanscier of the bus ATE DEVELOPMEN	iness which is actually conducted in Rhode Island T, SALES AND RENTALS							
5. Principal office address 79 FRANKLIN STE			City WESTERLY	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2						
6. MAILING ADDRES Contact Name Suzanne R. Moore		ILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:						
Street Address P.O. Box 659			сиу Mystic	State CT	<i>Ζφ</i> 06355					
7. NAME AND ADDR	ESS OF EACH MANA FILL IN	IGER OF THE LIMITED SPACES BEFORE USIN	LIABILITY COMPANY, IF API G ATTACHMENTS (X° BOX F	PLICABLE DO NOT	LIST MEMBERS					
Manuger Name Suzanne R. Moore			Manager Name							
Street Address P.O. Box 659			Street Address							
City Mystic	State CT	<i>Zip</i> 06355	City	State	Zip					
Manager Name			Manager Name							
Street Address			Street Address							
Сиу	State	Zip	Сиу	State	Zip					
8. RESIDENT AGENT This information is curr		Office of the Secretary of	State. Changes require filing of l	Form 642 - R.I.G.L. 7-1	6-11					

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

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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

Suzanne R. Moore

Print or Type Name of Authorized Person