

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.<br>113356                                   | 2. Exact name of the lim<br>H.M.S. DEVELOR |  |  |   |                 |  |  |  |  |  |
|---|--|--|--|---|-----------------|--|--|--|--|--|
| 3. State of Formation RHODE ISLAND                    | 4. Brief descrip<br>REAL EST               | tion of the chanscier of the bus<br>ATE DEVELOPMEN | iness which is actually conducted in Rhode Island T, SALES AND RENTALS |   |                 |  |  |  |  |  |
| 5. Principal office address 79 FRANKLIN STE           |  |  | City<br>WESTERLY   | 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 |                 |  |  |  |  |  |
| 6. MAILING ADDRES<br>Contact Name<br>Suzanne R. Moore |  | ILITY COMPANY AND                                  | NAME OR TITLE OF CONTAC  | T PERSON:                               |                 |  |  |  |  |  |
| Street Address<br>P.O. Box 659                        |  |  | сиу<br><b>Mystic</b>   | State<br>CT                             | <i>Ζφ</i> 06355 |  |  |  |  |  |
| 7. NAME AND ADDR                                      | ESS OF EACH MANA<br>FILL IN                | IGER OF THE LIMITED<br>SPACES BEFORE USIN          | LIABILITY COMPANY, IF API<br>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<br>Mystic  | State<br>CT                                | <i>Zip</i><br>06355                                | City   | State                                   | Zip             |  |  |  |  |  |
| Manager Name  |  |  | Manager Name   |   |                 |  |  |  |  |  |
| Street Address  |  |  | Street Address   |   |                 |  |  |  |  |  |
| Сиу   | State                                      | Zip  | Сиу  | State                                   | Zip             |  |  |  |  |  |
| 8. RESIDENT AGENT<br>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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|   | ,000,                                     | KJES .         | HE LAND                                 | 2 227 3                                 | . IX. :                                 | r::Cl          |   | 40          | E-1      |                      | t i Ni                    | 2:1/20    | 77.77                                   |                                       |
|   |   |                |   |   |   |                |   |             |          |                      |                           |           |   |                                       |

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