

A. Ralph Mollis, Secretary of State
Corporations Division.
148 W. River Street
Providence, PL 02003, 2615

Providence, BI 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&r)) is subject to a penalty see of \$25,00.

7 10 So. 153658	,	2 Exact name of the limited liability company Pannone Lopes & Devereaux LLC				
3 State of Formation RHODE ISLANI	n. Brief description of Practice o	tion of the character of the but Law	nuess which is octually conducted in Ri	ode Island		
5 Principal office address 317 Iron Horse Way, Suite 301			ाः Providence	State RI	Ζφ 02908	
6. MAILING ADDI Contact Name Gary R. Pannon		BILITY COMPANY AND	NAME OR TITLE OF CONTAC Gordact Title Manager	CT PERSON:	'	
Street Address 317 Iron Horse Way, Suite 301			сиу Providence	State RI	21p 02908	
7. NAME AND AD	DRESS OF EACH MAN. FILL IN	AGER OF THE LIMITED SPACES BEFORE USIN	D LIABILITY COMPANY, IF AP G ATTACHMENTS — ("X" BOX	PLICABLE - <u>DO NO</u> T FOR ATTACHMENT)	Γ <u>LIST MEMBERS</u>	
Manager Name Gary R. Pannone			Manager Name			
Sircel Address 317 Iron Horse V	Vay, Suite 301		Street Address			
<i>ா</i> Providence	State RI	Ζφ 02908	$CH\Gamma$	State	Zip	
Manager Name		***************************************	Martager Name		•••••••	
Street Address			Street Address			
Cihr	State	Zip	City	State	Zip	
	NT IN RHODE ISLAND currently of record in the	Office of the Secretary of	: State. Changes require filing of	1 Form 642 - R.I.G.L., 7-1	i 16-11	

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

153658

File Dat	FILED
	OCT 0 3 2008
Ву:Е	FOR SECRETARY OF STATE USE ONLY

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

10/2/08

Gary R. Pannone

Print or Type Name of Authorized Person