

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

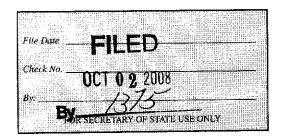
Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 (befor)) is subject to a penalty fee of \$25.00.

1. ID No.						
128874						
3. State of Formation A. Brief description of the character of the bundle Island ACQUISITION AND LEASING			siness which is actually conducted in Rhode Island OF REAL PROPERTY			
5. Principal office address 7 Leyland Court			City Bristol	State RI	Zψ 02809	
6. MAILING ADD Contact Name Marie E. Byrnes		LITY COMPANY ANI	D NAME OR TITLE OF CONTA Contact Title Member	KOT PUBSON:		
Street Address 7 Leyland Court			City Bristol	State RI	Zip 02809	
7. NAME AND AD	DRESS OF EACH MANA FILL IN	GER OF THE LIMITE SPACES BEFORE USI	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BO	APPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT) _	LIST MEMBERS	
мапаger Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Ζip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Ζψ	City	State	Ζip	
8. RESIDENT AG	ENT IN RHODE ISLAND	Office of the Secretary	of State. Changes require filing	of Form 642 - R. J.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).

128874



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.

Marie C. Byres 9-29-08
Signature of Authorized Person Date

Marie E. Byrnes

Print or Type Name of Authorized Person

Form 632 Rev. 08/08