

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

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.

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1. ID No. 2. Exact name of the limited liability company 111975 LAMB. LLC						
LAMB, LLC						
4. Brief description of the character of the husiness which is actually conducted in Rhode Island						
Development and rental of real estate						
5. Principal office address		СИУ	State		Ζip	
2440 Mendon Road		Cumberland	RI		02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
	Contact Title					
Raymond J. Lambert			Manager			
treet Address		Cuy	State		Zip	
2440 Mendon Road		Cumberland	RI		02864	
EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY. IF APPLICABI	LE - DO N	OT LIST	MEMBERS	
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name			
Raymond J. Lambert						
Street Address		Street Address				
10 Jencks Road						
State Ri	^{Ζψ} 02864	City	State		Zip	
	02007	***************************************				
Manager Name		Manager Name				
Street Address		Street Address				
SUPEL ABBUEN		or congaració				
State	Ζίρ	City	State		Ζip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.1.G.L. 7-16-11						
Agent Name			Address			
George M. Prescott, Esq.						
-		City Zip				
300 Front Street			ncoln 02865			
	ame of the limited liability LLC 4. Brief description of the Development and re MITED LIABILITY C EACH MANAGER OF FILL IN SPACES	Anne of the limited liability company LLC 4. Brief description of the character of the husiness which Development and rental of real estate MITED LIABILITY COMPANY AND NAME EACH MANAGER OF THE LIMITED LIABI FILL IN SPACES BEFORE USING ATTA State Zip 02864	LLC 4. Brief description of the character of the husiness which is actually conducted in Rhode Island Development and rental of real estate Cuy Cumberland MITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSO Contact Title Manager Cuy Cumberland EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICAB FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTA Manager Name Street Address State Zip 02864 Manager Name Street Address State Zip City City City City City Del Island - Do not alter - Changes require filing of Form 642 - 1 Address	Annual of the limited liability company LLC 4. Brief description of the character of the husiness which is actually conducted in Rhode Island Development and rental of real estate City Cumberland RI MITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Manager City Cumberland RI EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO N FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Street Address State 1249 122864 1249 1250 1250 1261 1261 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1270 12864 1286 12864 1286 1286 1286 1286 1286 1286 1286 1286	Annager Name State State	

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

File Date FILED
Check No. OCT 0 3 2008
By: 2906
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.

Russaul J Lamber 1
Signature of Authorized Porton Date

Raymond J. Lambert, Manager 9/2

Print or Type Name of Authorized Person