

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.

103459		Exact name of the limited liability company Rice International, LLC				
3. State of Formation Rhode Island	I '	m of the character of the biterage services	isiness which is actually conducted in Rhode	Island		
5. Principal office address 427 Congdon Hill Road			Saunderstown	State RI	2:p 02874	
6. MAILING ADDR Contact Name Jeffrey C. Rice	ESS OF LIMITED LIABI	LITY COMPANY ANI	D NAME OR TITLE OF CONTACT I Contact Title Member	PERSON:		
Street Address			Gip	State	Zip	
427 Congdon I 7. name and adi	DRESS OF EACH MANA	GER OF THE LIMITE	Saunderstown Diability Company, if Appl. NG ATTACHMENTS ("X" BOX FOR	RI ICABLE DO NOT RATTACHMENT)	1 ₀₂₈₇₄ LIST MEMBERS	
Munager Name no managers			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manayer Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Gity	State	Zip	
	NT IN RHODE ISLAND currently of record in the	Office of the Secretary	of State. Changes require filing of Fo	orm 642 - R.I.G.L. 7-16	-11	

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 6 2008
ву: Ву	3424
FO	R 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 futhorized Person Jeffrey C. Rice, Authorized person
Print or Type Name of Authorized Person