

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 6008

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.

I. ID No.	2. Exact name of the limite	ed liability company						
151778	A O UA LI	LY PADS, LL	C					
3. State of Formation			usiness which is actually conducted in Rhode Islan	d				
RHODE	SLAND BOI							
5. Principal office addr			City	State	Zip			
	FRKELEY CT		MIDDLETOWN	$\lfloor R. \rfloor$	02842			
6. MATEING ADDR Contact Name	155 OF THEFE EDIETAR	EITI CGMFANEAN	D NAME OR TITLE OF CONTACT PERS : Contact Title					
CARL W. BOLENDER, SR.			OWNER	OWNER				
Street Address			City	State	Zip			
the state of the s	ERKELEY C	and the second of the second of the second of	MIDDLETOUN	1988 - L.D. 75	02842			
7. NAME AND ADI	DRESS OF EACH MANA FILL IN	GER OF THE LIMITI SPACES BEFORE USI	d hability company, if applicating attachments — ("X" box for at	RLE - <u>DO NOT LI</u> FACHMENT)	ST MEMBERS			
Manager Name	ngan ingge lika ka nkan ing mengalan mengalan dianggan.	ing arm of the least of the second of the second	Manager Name	Manager Name				
	NONE							
Street Address			Street Address					
City	State	Zip	City	State	Zψ			
Manager Name		Manager Name						
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGE This information is o	NT IN RHODE ISLAND currently of record in the	CARL W. B Office of the Secretary	oue NDER, 3R, of State. Changes require filing of Form 6	642 - R.I.G.L. 7-16-1				

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

professional and the	TO STATE				
a la la	1.2		4.43		
File Date					
THE DUIL	- 1 16				S.
			70 - 15 10 - 25		
Check No.	-001-0	0.20	4		
	UUII		· /		Ar .
Bv.		17)	AI		
- 13 1					
	OR SECRET	ARY OF S	TATE US	ONLY	
	12-2-1-20 67.449		学业学	(1) 學生為	

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.

Carl W. Bolender	Su.	10	18	10	8-
Signature of Authorized Person	Date		, ,		

CARL W. BOLENDER, SR.

Print or Type Name of Authorized Person