



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.

1. ID No. 154806		2. Exact name of the limited liability company MATARESE HOLDINGS, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address P.O. BOX 549		City WESTERLY	State RHODE ISLAND
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN N. CONTI		Contact Title MANAGER	
Street Address 35 CRESTVIEW DRIVE - P.O. BOX 549		City WESTERLY	State RHODE ISLAND
		Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name JOHN N. CONTI		Manager Name	
Street Address 35 CRESTVIEW DRIVE - P.O. BOX 549		Street Address	
City WESTERLY	State RHODE ISLAND	City	State
Zip 02891		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CHARLES SOLOVEITZIK		Address	
Address TWO ELM STREET		City WESTERLY	Zip 02891

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

154806

File Date	FILED
Check No.	OCT 17 2008
By	By 334
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

JOHN N. CONTI

Print or Type Name of Authorized Person

Date