

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

(*************************************	is subject to a penalty fe	ne of \$25.00,			•		
1. ID No. 72208	2. Exact name of the lin	mited hability company					
	Hunt Club, LLC						
3. State of Formation	4. Brief descri	iption of the character of the bu	siness which is actually conducted in Rh	node Island			
RHODE ISLAND Real Estate				twee laterus			
5. Principal office address			City	State	7/2		
1140 RESERVOIR AVENUE			CRANSTON	Cranstor	Zip		
6. MATLING ADDRE	SS OF LIMITED LIA	BILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON.	n [02920	0080259566	
Conact Name		THE PARTY OF THE P	Contact Title				
JAMES PROCAC	CIANTI						
Street Address			Gity	State	Zip	<u> </u>	
1140 Reservoir Av	enue		CRANSTON	RI	02920		
7. NAME AND ADDE	EESS OF EACH MAN	AGER OF THE LIMITER	D LIABILITY COMPANY, IF API	PLECARITE INC. N			
	FILLO	N SPACES BEFORE USIN	G ATTACHMENTS ("X" BOX F	OR ATTACHMENT)	OT FIST WEWRERS		
Manager Name	***************************************	ent. Milliogeneric i receptationener	Manager Name				
JAMES PROCACCIANTI							
Street Address			Street Address	Street Address			
1140 Reservoir Ave	enue						
<i>City</i> Cranston	State RI	Zip 02920	City	State	Zip		
Manager Name							
and the second			Manager Name		***************************************		
Street Address			Street Address				
			Street Address				
City	State	Ζίμ	City	State			
			·	1	Zip		
8. RESIDENT AGENT	IN RHODE ISLAND) - DO NOT ALTER - Ch	anges require filing of Form	642 - R.I.G.L. 7-1	611	ASSECTION	
ngeni Name			Address	THEORY STATE OF THE PROPERTY OF THE STATE OF	\$600 P924-1019955588-101688-101691		
DENNIS R. GANNO	ON, ESQ.						
Address			City		Zip		
1140 Reservoir Avenue			CRANSTON	02920			
					02320		

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

72208

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Under penalty of perjury, I declar	e and affirm that I have examined this report dules and statements, and that all statements, sect.
including any accompanying school	dules and statements, and that all statements
contained herein/are true and corr	ect.

JAMES PROCACCIANTI

Print or Type Name of Authorized Person