



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. 117477		2. Exact name of the limited liability company BAY BREEZES, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, HOLD, MANAGE, ETC. OR OTHERWISE DISPOSE OF REAL ESTATE	
5. Principal office address 793 Bristol Ferry Road		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Carol Ann Anderheggen		Contact Title	
Street Address 793 Bristol Ferry Road		City Portsmouth	State RI
		Zip 02871	
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 Carol Ann Anderheggen		Manager Name	
Street Address 793 Bristol Ferry Road		Street Address	
City Portsmouth	State RI	Zip 02871	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 James V. Aukerman		Address	
Address 60 South County Commons Way, Suite G4		City Wakefield	Zip 02879

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

117477

File Date	FILED
Check No.	OCT 24 2008
By:	273
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.

Carol A. Anderheggen 10/24/08
Signature of Authorized Person Date

Carol Ann Anderheggen

Print or Type Name of Authorized Person