ALPH MON		
	State of Rhode Island and Pro Office of the Secreta	
	Corporations Div 148 W. River S Providence, Rhode Island	treet d 02904-2615
retary of St	Telephone: (401) 22	22-3040
imited Liability Con	npany	
nnual Report ling Period: September 1	- November 1	
	7-16-66(d), each limited liability comp thirty (30) days after the time prescribe a penalty fee of \$25.00.	
ANNUAL REPORT YEAR	: <u>2008</u>	
. ID No. <u>00016206</u>	7	
. Exact Name of the L	imited Liability Company <u>Cotton Sh</u>	ned Developer LLC
8. State of Formation		
State:		
Real Estate Developmen <b>5. Principal Office Addre</b> No. and Street: <u>1040</u>		
City or Town: <u>BAL</u>	<u>FIMORE</u>	State: <u>MD</u> Zip: <u>21230</u> Country: <u>USA</u>
Contact Name: <u>JOSEPH</u> No. and Street: <u>10</u> <u>SU</u>	imited Liability Company and Name   1 F. SUMMERS Contact Title: DIREC   40 HULL STREET JITE 200 State: M	CTOR OF TAX
	f Each Manager of the Limited Liab	vility Company, if Applicable.
7. Name and Address o DO NOT LIST MEMBE	:RS	
	Individual Name	Address
DO NOT LIST MEMBE		Address, City or Town, State, Zip Code, Country
DO NOT LIST MEMBE	Individual Name First, Middle, Last, Suffix	

## CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903-

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

**Signed this 29 Day of October, 2008 at 3:41:55 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By JOSEPH F. SUMMERS

Signature of Authorized Person

Form No. 632 Revised 09/07

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