

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

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\* - 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.

1. ID No. 165214		xact name of the limited liability company if Sisters LLC					
3. State of Formation R.I.  4. Brief description of the character of the business which management for trust purposes  \[ \( \) \( \				cb is actually conducted in Rhode Island			
5. Principal office address 10 Emerson Rd			•	Jamestown	State R.I.	<sup>Zip</sup> <b>02835</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Jean R. McDonough				OR TITLE OF CONTACT PERSON:  Contact Title			
Street Address 77 Blueberry Lane				City Jamestown	State R.I	<sup>Ζψ</sup> 02835	
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)							
Manager Name				Manager Name			
Street Address				Street Address			
Сйу	State		Zip	City	State	7ір	
Manager Name				Manager Name			
Street Address				Street Address			
City State		Zip	Сйу	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							

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

165214

File Date FILED

Check No. OCT 28 2008

By: DJ J

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

Date Odd

Print or Type Name of Authorized Person

Oct 22.2008