| RALPH MOIL  | State of Rhode Island a<br>Office of the S       |            |  |                             | ons Fee: \$50.00         |
|---|--|------------|--|-----------------------------|--------------------------|
| Corporations Division   |  |            |  |                             |                          |
| 148 W. River Street   |  |            |  |                             |                          |
| Providence, Rhode Island 02904-2615   |  |            |  |                             |                          |
| Telephone: (401) 222-3040   |  |            |  |                             |                          |
| Limited Liability Com   | pany   |            |  |                             |                          |
| Annual Report Filing Period: September 1  | - November 1                                     |            |  |                             |                          |
| In accordance with R.I.G.L.   | 7-16-66(d), each limited liab                    | ilitv comr | oanv fa                                      | nilina or refusina          | to                       |
|   | hirty (30) days after the time                   |            |  |                             |                          |
| 7-16-66(b&c)) is subject to   | a penalty fee of \$25.00.                        |            |  |                             |                          |
| ANNUAL REPORT YEAR:   | 2008   |            |  |                             |                          |
| <b>1. ID No.</b> <u>000118149</u>   |  |            |  |                             |                          |
| 2. Exact Name of the Li   | mited Liability Company $\underline{\mathrm{R}}$ | ed Rock    | Equit  | y Investments, l            | <u>lc.</u>               |
| 3. State of Formation   |  |            |  |                             |                          |
| State: <u>RI</u>  |  |            |  |                             |                          |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island |  |            |  |                             |                          |
| REAL ESTATE INVES   | IMENTS AND MANAGE                                | MENT       |  |                             |                          |
|   |  |            |  |                             |                          |
|   | <u>SOWAMS ROAD</u><br>RRINGTON                   | State:     | BI   | Zip: 02806                  | Country: USA             |
|   |  | State.     |  | Zip. <u>02000</u>           | Country. <u>USA</u>      |
| 6. Mailing Address of Li  | nited Liability Company an                       | d Name     | or Tit                                       | le of Contact P             | erson:                   |
| Contact Name: Contact 7   | ītle:  |            |  |                             |                          |
|   | SOWAMS ROAD                                      |            |  |                             |                          |
| City or Town: <u>BA</u>   | RRINGTON   | State:     | <u>RI</u>                                    | Zip: <u>02806</u>           | Country: <u>USA</u>      |
| 7. Name and Address of<br>DO NOT LIST MEMBEI  | Each Manager of the Limi<br>RS                   | ted Liab   | ility C                                      | ompany, if App              | licable.                 |
| Title   | Individual Name                                  |            |  | Add                         | Iress                    |
|   | First, Middle, Last, Suffix                      |            | Ado  | dress, City or Town,        | State, Zip Code, Country |
| MANAGER   | JAKE T WHITE                                     |            | 336 SOWAMS ROAD<br>BARRINGTON, RI 02806- USA |                             |                          |
|   | RHODE ISLAND - DO NOT A                          |            |  |                             |                          |
|   | g of Form 642 - R.I.G.L. 7-1                     |            |  |                             |                          |
|   |  |            |  |                             | 00014                    |
| PAIRICK ALLIENELLO,   | ESQ. 7 WATERMAN AVEN                             |            |  | <u>OVIDENCE</u> , <u>RI</u> | 02911                    |

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

**Signed this 30 Day of October, 2008 at 11:43:16 AM 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 <u>/S/ JAKE T. WHITE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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