



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, 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

1. ID No. 100716		2. Exact name of the limited liability company SURF & TURF CLIFFS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE, LEASE SELL REAL PROPERTY			
5. Principal office address 49 MEETING HOUSE LANE		City LITTLE COMPTON	State RI	Zip 02837-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name			Contact Title PRESIDENT		
Street Address 49 MEETING HOUSE LANE		City LITTLE COMPTON	State RI	Zip 02837-	
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"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 GORDON A. CARPENTER			Address 55 Pine Street, 4th Floor		
Address			City PROVIDENCE	Zip 02903-03837	

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

100716

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File Date	FILED
Check No.	OCT 30 2008
By:	12523
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.

 10/17/08
Signature of Authorized Person Date

Paul A Borges

Print or Type Name of Authorized Person