



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.

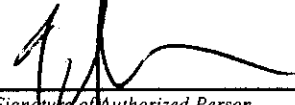
|                                                                                                                                                                                                               |                          |                                                                                                                                                                   |                                |                     |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|---------------------|
| 1. ID No.<br><b>141114</b>                                                                                                                                                                                    |                          | 2. Exact name of the limited liability company<br><b>MOOK BROTHERS HOLDINGS, LLC</b>                                                                              |                                |                     |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                  |                          | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>HOLDING, IMPROVING, AND MANAGEMENT OF RENTAL PROPERTY</b> |                                |                     |                     |
| 5. Principal office address<br><b>TWO ELM STREET</b>                                                                                                                                                          |                          | City<br><b>WESTERLY</b>                                                                                                                                           | State<br><b>RHODE ISLAND</b>   | Zip<br><b>02891</b> |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |                          |                                                                                                                                                                   |                                |                     |                     |
| Contact Name<br><b>W. THEODORE MOOK</b>                                                                                                                                                                       |                          | Contact Title<br><b>MANAGER</b>                                                                                                                                   |                                |                     |                     |
| Street Address<br><b>70 HAVEN AVENUE #6B</b>                                                                                                                                                                  |                          | City<br><b>NEW YORK</b>                                                                                                                                           | State<br><b>NEW YORK</b>       | Zip<br><b>10032</b> |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                          |                                                                                                                                                                   |                                |                     |                     |
| Manager Name<br><b>W. THEODORE MOOK</b>                                                                                                                                                                       |                          | Manager Name                                                                                                                                                      |                                |                     |                     |
| Street Address<br><b>70 HAVEN AVENUE #6B</b>                                                                                                                                                                  |                          | Street Address                                                                                                                                                    |                                |                     |                     |
| City<br><b>NEW YORK</b>                                                                                                                                                                                       | State<br><b>NEW YORK</b> | Zip<br><b>10032</b>                                                                                                                                               | 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<br><b>CHARLES SOLOVEITZIK</b>                                                                                                                                                                      |                          |                                                                                                                                                                   | Address<br><b>P.O. BOX 414</b> |                     |                     |
| Address<br><b>TWO ELM STREET</b>                                                                                                                                                                              |                          |                                                                                                                                                                   | City<br><b>WESTERLY</b>        |                     | Zip<br><b>02891</b> |

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

141114

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>NOV 03 2008</b> |
| By:                             | <b>By 142</b>      |
| 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 **28 OCT 08**  
**W. THEODORE MOOK**  
Print or Type Name of Authorized Person