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.	2. Exact name of the limited liability company
141114	MOOK BROTHERS HOLDINGS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	HOLDING, IMPROVING, AND MANAGEMENT OF RENTAL PROPERTY

5. Principal office address	City	State	Zip
TWO ELM STREET	WESTERLY	RHODE ISLAND	02891

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
W. THEODORE MOOK	MANAGER

Street Address	City	State	Zip
70 HAVEN AVENUE #6B	NEW YORK	NEW YORK	10032

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	Street Address	City	State	Zip
W. THEODORE MOOK	70 HAVEN AVENUE #6B	NEW YORK	NEW YORK	10032

Manager Name	Street Address	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	Address	City	Zip
CHARLES SOLOVEITZIK	P.O. BOX 414		
	TWO ELM STREET	WESTERLY	02891

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

141114

File Date FILED
Check No. NOV 03 2008
By: By
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.

28 OCT 08
Signature of Authorized Person *Date*

W. THEODORE MOOK
Print or Type Name of Authorized Person

Form 632 Rev. 07/07