



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
401.222.3030

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)(7c)) is subject to a penalty fee of \$25.00.

1. ID No. 95904		2. Exact name of the limited liability company A.H.E. Management LLC			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, Developing, Leasing + Operating			
5. Principal office address 18 Preakness Dr.		City Lincoln	State R.I.	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HILDA G. ERFE		Contact Title Manager			
Street Address 18 Preakness Dr.		City Lincoln	State R.I.	Zip 02865	
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"/>					
Manager Name HILDA G. ERFE		Manager Name			
Street Address 18 Preakness Dr.		Street Address			
City Lincoln	State R.I.	Zip 02865	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	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					

HILDA G. ERFE
18 Preakness Dr. Lincoln, R.I. 02865

2008 DEC -1 PM 1:06

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

File Date	<u>12/1/08</u>
Check No.	<u>4100</u>
By:	<u>MNC</u>
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.

Hilda G. Erfe 10/29/08
Signature of Authorized Person Date

HILDA G. ERFE
Print or Type Name of Authorized Person