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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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-77 (b), each limited liability company failing or refusing to file its annual report within thirty (30) days after the same prescribed by law (R.I.G.L. 7-16-68) shall be subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
87982	VENUS SUPPLY,LLC

3. State of formation	4. Principal purpose of the business of the limited liability company conducted in Rhode Island
RHODE ISLAND	Acquiring, development,owning, leasing, mortgaging, & disposal of ~~real estate property.~~

5. Principal office address	City	State	Zip
47 Rathbone St.	Providence	RI	02908

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

Name	Contact title
Robert H. Chicoine	President

Street address	City	State	Zip
47 Rathbone St.	Providence	RI	02908

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	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

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 622 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-60 (b).

[redacted] [redacted]

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.

Robert H. Chicoine President
Signature of Authorized Person *Date*

Robert H. chicoine, Pres. 11/27/08
Print or Type Name of Authorized Person

File Date: 1-2-09
Check No: A430 P435
29248-3-304970
By: MMC
FOR SECRETARY OF STATE USE ONLY

[redacted]