



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. 7-16-66 (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)(e)) is subject to a penalty fee of \$25.00.

1. ID No. 000098589		2. Exact name of the limited liability company WEST MARLBOROUGH LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND MANAGEMENT			
5. Principal office address MUDVILLE'S PUB, 8 WEST MARLBOROUGH ST			City NEWPORT	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FRANK V. CATAPANO			Contact Title MEMBER-MANAGER		
Street Address 3 HICKORY POND LANE			City STRATHAM	State N.H	Zip 03885
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			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 KEVIN STACOM					
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					

2009 JAN 22 AM 10:59

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

FILED

JAN 22 2009

By

678 714
10:59

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.

Frank V. Catapano 1/4/09
Signature of Authorized Person Date

FRANK V. CATAPANO
Print or Type Name of Authorized Person

RECEIVED
CORPORATIONS DIVISION
JAN 14 2009 10:11 AM

FOR SECRETARY OF STATE USE ONLY

File Date _____

Check No. _____

By _____