

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 2006

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

(R.I.G.L. 7-16-66 (b&c)) is s	ubject to a penalty fee of \$	25.00.					
1.1DNo 103310	2 Exact name of the limi. Widdle	Zeach Us	sociation LLC				
3. State of Formation Rhate Islan		non of the character of the bi	isiness which is actually conducted i	n Rbode Island			
5. Principal office address	+ Beach K	D	City	State	262813		
6. MAILING ADDRES	S OF LIMITED LIAE	ILITY COMPANY ANI	D NAME OR TITLE OF CONT	AME OR TITLE OF CONTACT PERSON: Contact Title			
Street Address	H Black	RD	Charle	strin RL	07813		
7. NAME AND ADDR	ESS OF EACH MAN.	AGER OF THE LIMITE SPACES BEFORE USI	D LIABILITY COMPANY, IF	APPLICABLE - DO NOT OX FOR ATTACHMENT)			
Manager Name	FILE IN	SPACES BEFORE USI	Manager Name				
Street Address			Street Address	Street Address			
CRy	Statle	Zιp	Сцу	Suite	Zip		
Manager Name	I		Manager Name	Manager Name			
Street Address	, , , , , , , , , , , , , , , , , , ,		Street Address	Street Address			
City	State	Zip	Cily	State	Zip		
8. RESIDENT AGENT This information is cur	I IN RHODE ISLANI rently of record in the	Atty UnContT Office of the Secretary	Naccasato 96 F of State. Changes require filin	ranklinst. Westing of Form 642 - R.I.G.L. 7-1	16-11		
			an authorized person pursua		RECEIVED STATE STA		

FILED

File Date	FEB 0 2 2009
	By D
Check No.	879(010)
Ву:	<u> </u>
I	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

Print or Type Name of Authorized Person