

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

1. ID No.		-	f the limited liability company				
97137	WAIC	H HILL PROPERT	IES, LLC				
3. State of Formation RHODE ISLAND		4. Brief description of the REAL ESTATE N		ch is actually conducted in Rhode Islan	d		
5. Principal office address 44 BAY STREET			City WESTERLY	State RI	<i>zφ</i> 02891		
6. MAILING ADDRE	SS OF L	IMITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PER Contact Title	SON:		
MARK A. SZARO			Manager				
Street Address 44 BAY STREET			City WESTERLY	State RI	<i>Zip</i> 02891		
7. NAME AND ADDI	RESS OF			: LITY COMPANY, IF APPLICA ACHMENTS - ("X" BOX FOR AT		MEMBERS	
Manager Name MARK A. SZARO				Manager Name			
Street Address '44 Bay Stree	et			Street Address			
City		State	Zip	City	State	Ζψ	
WESTERLY		Ri	02891			]	
Manager Name				Manager Name			
Street Address	set Address Stree			Street Address			
City		State	Ζip	City	State	Zip	
8. RESIDENT AGEN	T IN RH	ODE ISLAND	,				
This information is cu	irrently o	of record in the Office of	of the Secretary of State.	Changes require filing of Form	642 - R.I.G.L. 7-16-11		

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

File Date	201	9-09	>
Check Na	9 1890	P189	77_
Ву:	M	mc	)
FOR	SECRETARY OF ST	iate use onla	1

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 age true and correct.

Signature of Authorized Person

MARK A. SZARO

Print or Type Name of Authorized Person