



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 2009

**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. 126627		2. Exact name of the limited liability company Longue Enterprises LLC	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development	
5. Principal office address 850 East Shore Road		City Jamestown	State RI
		Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Gwen C. Long		Contact Title Managing Partner	
Street Address 850 East Shore Road		City Jamestown	State RI
		Zip 02835	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Owen C. Long		Manager Name	
Street Address 850 East Shore Road		Street Address	
City Jamestown	State RI	City	State
Zip 02835		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2009 JUL 23 AM 11:00

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

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person

Date

7/17/09

<b>FILED</b>	
File Date	JUL 23 2009
Check No.	
By	095212