



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

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. 105655		2. Exact name of the limited liability company The Mullingar Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate, Ownership/management			
5. Principal office address 11 John Street		City Bristol	State Rhode Island	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Aidan Graham			Contact Title		
Street Address 11 John Street		City Bristol	State Rhode Island	Zip 02809	
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 Aidan Graham			Manager Name		
Street Address 11 John Street			Street Address		
City Bristol	State Rhode Island	Zip 02809	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Peter Brent Regan			Address Sayer Regan & Thayer, LLP		
Address 130 Bellevue Ave.			City Newport	Zip 02840	

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

105655

File Date	FILED
Check No.	AUG 14 2009
By	By 0916676
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.

Aidan Graham 8/12/09
Signature of Authorized Person Date
Aidan Graham, Manager
Print or Type Name of Authorized Person