



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.

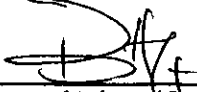
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 141531		2. Exact name of the limited liability company Herb Chambers Quaker Lane, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and rent commerical real estate	
5. Principal office address 47 Eastern Boulevard		City Glastonbury	State CT
		Zip 06033	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bruce H. Spatz		Contact Title Manager	
Street Address 47 Eastern Boulevard		City Glastonbury	State CT
		Zip 06033	
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 Herbert G. Chambers		Manager Name Bruce H. Spatz	
Street Address 259 McGrath Highway		Street Address 47 Eastern Boulevard	
City Somerville	State MA	City Glastonbury	State CT
Zip 02143		Zip 06033	
Manager Name James G. Dowling		Manager Name	
Street Address 90 State House Square		Street Address	
City Hartford	State CT	City	State
Zip 06103		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			

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

FILED	
File Date	AUG 18 2009
Check No.	RV 1095
By:	
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.

 8-5-09
Signature of Authorized Person Date

Bruce H. Spatz, Manager
Print or Type Name of Authorized Person