

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.	2. Exact name of the limited i	liability company	· · · · · · · · · · · · · · · · · · ·		
93074 3. State of Formation	MARSHALL		LLC		
3. state of Formation			which is actually conducted in Rh	ode Island	
5. Principal office addres.	<u> </u>	RIBLITOR			
	TESON RD B		City	State	Zip
6. MAILING ADDRE	SS OF LIMITED HARDS	DX 356	Hope me or title of contac	727	07831
Contact Name	SO ST LIMITED EIGHE	II-COMPANI AND NA	Contact Title	I PERSON:	
DAVID GREENSTEIN			PRESIDENT		
Street Address	•		City	Stale	Zip
109 MATT	Eson RO	BOX 356	HOPE	RI	02831
7. NAME AND ADD	RESS OF EACH MANAGE	R OF THE LIMITED LIA	BILITY COMPANY, IF AP	PLICABLE - DO NOT	LIST MEMBERS
	FILL IN SP	ACES BEFORE USING A	FTACHMENTS ("X" BOX F	OR ATTACHMENT)	
Manager Name			Manager Name	The state of th	Harris and Educate Harris Harris and American
NONE					
Street Address			Street Address		
City	State	Zip	CHy	State	Zip
Manager Name					
NONE /			Manager Name		
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	IN RHODE ISLAND				
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date 9-11-0	9
Check No. 2222	8
By MM	1
FOR SECRETARY OF STATE USE O	

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.

Dura Greentein 9, 9-09
Signature of Authorized Person Date

Print or Type Name of Authorized Person