

A. Ralph Mollis, Secretary of State Corporations Division

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

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.

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		bility company					
	4. Brief description of	the character of the husines	s which is actually conducted in Rhode Is	land			
	1		City	State		Zip	
2 Netop Court			East Greenwich	R	l	02818	
SS OF L	IMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT PI	ERSON:		, ,	
dner			Manager				
Street Address			City	State		Zip	
2 Netop Court			East Greenwich	R	I	02818	
RESS OF	EACH MANAGER FILL IN SPACE	OF THE LIMITED LICES BEFORE USING A	ABILITY COMPANY, IF APPLICATE ACHMENTS ("X" BOX FOR	ABLE - DO I	NOT LIST	MEMBERS	
Manager Name Beverly A. Gardner			Manager Name				
Street Address			Street Address	Street Address			
	State	Zip	City	State		Zip	
າ	RI	02818					
			Manager Name	******************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sireel Address			Street Address				
	State	Zip	City	State		Zip	
'IN RHO	ODE ISLAND - DO	NOT ALTER - Chang	ges require filing of Form 642 Address	! ! - R.I.G.L. 7-:	16-11	1	
			City		Zip	~	
101 Dyer Street			Providence			3 3	
	This report must	be executed by an aut	horized person pursuant to R.L.C	G.L. 7-16-66 (i		SEP 15 AM 9: 38	
	2. Exact Ne SS OF L dner dner	2. Exact name of the limited lia Netop, LLC 4. Brief description of Investment of SS OF LIMITED LIABILITY COMPARESS OF EACH MANAGER FILL IN SPACE OF THE State State State State State TIN RHODE ISLAND - DO	Netop, LLC 4. Brief description of the character of the busines Investment company SS OF LIMITED LIABILITY COMPANY AND NATIONAL STATE THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY IN SPACES BEFORE USING ADDRESS OF THE LIMITED LIABILITY STATE AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND NATIONAL STATE AND ADDRESS OF THE LIMITED LIABILITY COMPANY AND ADDRESS OF THE LIMITED LIAB	2. Exact name of the limited liability company Netop, LLC 4. Brief description of the character of the business which is actually conducted in Rhode is Investment company City East Greenwich State City East Greenwich Contact Tile Contact Tile Contact Tile Manager City East Greenwich RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLIC FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR Address Manager Name State City City City City City City City City	Netop, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Investment company City State East Greenwich R State City City	Netop, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Investment company City East Greenwich R	

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File Date	SEP 1 5 2009
Check No.	501
$_{By}$ By	301
/ ———	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.

Bonverly O. Handner 9/3/6
Signature of Authorified Person Date

Beverly A. Gardner

Print or Type Name of Authorized Person