

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.

## DNo 000159029 ## Westerly Blues LLC ## State of Formation Rhode Island ## A. Brief description of the character of the business which is actually conducted in Rhode Island ## Principal office address ## PRI A. Brief description of the character of the business which is actually conducted in Rhode Island ## PRI D2891 ##					·			
Real ESTATE INVESTMENT 5. Principal office address 28 TOM HARVEY ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title	1. ID No. 000159029		Exact name of the limited liability company Vesterly Blues LLC					
28 TOM HARVEY ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Manager Street Address 28 Tom Harvey Road Manager Name John Faulise STREET Address 28 Tom Harvey Road Manager Name John Faulise Street Address 28 Tom Harvey Road City Manager Name Manager Name John Faulise Street Address 800 North Shoreline Blvd., South Tower, Suite 2550 City Mesterly RI O2891 Manager Name Manager Name Manager Name Street Address 800 North Shoreline Blvd., South Tower, Suite 2550 City Manager Name Manager Name Street Address Corpus Christi TX 78401 USA Manager Name Street Address Street Address City State Zip Manager Name Corpus Christi TX 78401 USA Manager Name	IDEAL COTATE MAJEORALE				ch is actually conducted in Rhode	Island		
Contact Name John Faulise Street Address 28 Tom Harvey Road 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 John Faulise William T. Vogt, Jr. Street Address 28 Tom Harvey Road City State RI 02891 USA Corpus Christi TX 78401 USA Manager Name Street Address Street Address Street Address Street Address Street Address Street Address City Mesterly Ri 02891 USA Corpus Christi TX 78401 USA Manager Name Street Address					· ·		L -	
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Manager Name John Faulise Street Address 28 Tom Harvey Road City Westerly Manager Name Manager Name Street Address Street Address Street Address Street Address City Corpus Christi TX TX T8401 USA Manager Name Street Address Street Address Street Address City Corpus Christi TX TX T8401 USA Manager Name Street Address City State City State Street Address Street Address Street Address Street Address	28 Tom Harvey Road			Westerly	RI	02891		
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Westerly Manager Name Street Address Street Address State Zip City State Zip City State Zip City State Zip State Zip State Zip State Zip					•			
Manager Name Street Address Street Address City State Zip City State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND	City		State	Ζip	City	State	Zip	
Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Westerly	Į.	RI	02891 USA	Corpus Christi	TX	78401 USA	
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name				Manager Name	***************************************	•	
8. RESIDENT AGENT IN RHODE ISLAND	Street Address				Street Address			
	City	3	State	Zip	City	State	Zip	
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	8. RESIDENT AGENT	r in Rho	DE ISLAND	•	•	•	•	
	This information is cu	rrently of	record in the Office	of the Secretary of State.	Changes require filing of For	rm 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).

000159029

File Date FILED
Check No. SEP 2 1 2009
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.

Signature of Authorized Person

Date

John Faulise

Print or Type Name of Authorized Person