

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.

City  Manager Name  Street Address  City	State State	Zip	Manager Name Street Address City	State	Ζip	
City Manager Name	State					
City	State		Manager Name		J	
	State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Co. Des 4 soor Co.		Zip	City	State	Zip	
Street Address			Street Address			
Manager Name			Manager Name	Manager Name		
7. NAME AND AD	DRESS OF EACH MANAC	GER OF THE LIMITE PACES BEFORE USI	D LIABILITY COMPANY, IF A	APPLICABLE - DO NOT X FOR ATTACHMENT)	LIST MEMBERS	
i G A.J.	larsden Lane		Loventon	RI	02831	
Jason M	larsden		<u>Director</u>	State	Zip	
6. MAILING ADDR Contact Name		LIFY COMPANY ANI	Contact Title	LUZ A MENOVIII		
, , , ,	ubon Lone	THE COURT NEW AND	Loventry NAME OF TITLE OF CONTA	RI	02831	
RI	Physic	s Consul	Line, Cuy	State	Zip	
3. State of Formation	4. Brief description	of the character of the bu	siness which is actually conducted in	Rhode Island		
200442012	141/46/	/)	C 116			
	2. Exact name of the limited	l liability company				

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

		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	File Date FileD	contained herein are true and correct.
	OCT 1 9 2009	Signature of Authorized Person Date
	By 386	Jason Marsden
\ F∈	FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Form 632 Rev. 08/08