



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, 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

1. ID No. 91495		2. Exact name of the limited liability company FENNER HILL COUNTRY CLUB, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN, HOLD, IMPROVE, MANAGE & OPERATE REAL ESTATE & GOLF COURSE LOCATED IN HOPKINTON, R.I.			
5. Principal office address 379 Tower Hill Road, Unit C		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ronald B. Levesque			Contact Title Member		
Street Address 379 Tower Hill Road, Unit C		City North Kingstown	State RI	Zip 02852	
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"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Ronald B. Levesque		Manager Name Dennis Levesque			
Street Address 48 Pine Glen Drive		Street Address 49 Pine Glen Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Kenneth J. Rampino, Esq.			Address Suite 104		
Address 615 Jefferson Boulevard		City Warwick	Zip 02886		

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

91495

File Date: 10-20-09
Check No.: 9067
By: MNC

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] Date _____
Signature of Authorized Person
Ronald B. Levesque, Manager
Print or Type Name of Authorized Person