

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. 112222		ct name of the limited liability company heastern Mass Development, LLC				
3. State of Formation Rhode Island 4. Brief description of the character of the but RESTAURANT DEVELOPMEN			usiness which is actually conducted in Rhode Island NT AND CONSULTING			
5. Principal office address 589 Warren Avenue			Guy East Providence	State Rhode Island	<i>Σφ</i> 02914	
6. MAILING AD Contact Name James Turi	DRESS OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title  Manager	PERSON:	,	
Street Address 15 Pine Hill Dr	ive	¥-	City East Greenwich	State Rhode Island	Zip 02818	
7. NAME AND A	DDRESS OF EACH MANAGER FILL IN SPA	OF THE LIMITED	LIABILITY COMPANY, IF APPL G ATTACHMENTS ("X" BOX FO	ICABLE - <u>DO NOT LIS</u> R ATTACHMENT)	T MEMBERS	
Manager Name James Turi			Manager Name Brian Dixon			
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	ive		Street Address P.O. Box 413		·	
15 Pine Hill Dri	State	<i>Zip</i> 02818		State CT	<i>Σι</i> φ 06355	
5 Pine Hill Dri City ast Greenwic	State	•	P.O. Box 413		2φ 06355	
5 Pine Hill Dri Thy East Greenwich Manager Name	State	•	P.O. Box 413  City  Mystic		· ·	
Street Address  5 Pine Hill Dri City  East Greenwic Manager Name  Street Address City	State	•	P.O. Box 413  City  Mystic  Manager Name		· ·	

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

112222

File Date	10-21-09
Check No	3227
By:	MMC
F)	OR 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

James Turi

Print or Type Name of Authorized Person