

State of Rhode Island and Providence Plantations Office of the Secretary of State

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2009

1. ID No. 000322973

- 2. Exact Name of the Limited Liability Company Anchor Motel LLC
- 3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

13 room motel

5. Principal Office Address

No. and Street:

825 OCEAN ROAD

City or Town:

<u>NARRAGANSETT</u>

State: RI

Zip: <u>02882</u>

Country: <u>USA</u>

Fee: \$50.00

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: <u>EUGENE COURNOYER</u> Contact Title: <u>MEMBER</u>

No. and Street:

825 OCEAN RD.

City or Town:

NARRAGANSETT

State: RI

Zip: 02882

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

| Title | Individual Name | Address |
|-------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EUGENE COURNOYER 825 OCEAN ROAD NARRAGANSETT, RI 02882

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

Signed this 23 Day of October, 2009 at 9:03:06 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By **EUGENE COURNOYER**

Signature of Authorized Person

Form No. 632 Revised 09/07

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