



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

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. 134925		2. Exact name of the limited liability company H2 GNOW STREET LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island BUY/SELL/MANAGE REAL ESTATE			
5. Principal office address 33 HAILE STREET		City WARREN		State RI	Zip 02885
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES V. MURPHY			Contact Title MEMBER		
Street Address 33 HAILE STREET		City WARREN		State RI	Zip 02885
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"/>					
Manager Name JAMES V. MURPHY			Manager Name AMY E. H. MURPHY		
Street Address 33 HAILE STREET		Street Address 33 HAILE STREET			
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Manager Name NONE			Manager Name NONE		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND 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					

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

134925

File Date	FILED
Check No.	OCT 27 2009
By:	By 1015
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 10/23/09
JAMES V. MURPHY
Print or Type Name of Authorized Person