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

Fee: $50.00

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

| LOGOUT |

Limited Liability Company
Annual Report

ANNUAL REPORT YEAR: 2009

1. ID No. 000161353

2. Exact Name of the Limited Liability Company Herbert Suesserman Family LLC

3. State of Formation

State: RI

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

INVESTMENT HOLDING & MANAGEMENT ENTITY PRIMARY OBJECTIVE OF LONG TERM APPRECIATION

5. Principal Office Address

No. and Street: 82 SENTINAL WOODS

City or Town: HEBRON State: CT Zip: 06248 Country: USA

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

Contact Name: JOAN A MCCORMICK Contact Title: TRUSTEE

No. and Street: 29 ICE POND ROAD

FILED
NOV 10 2009
By 2075

40113-7-455322

City or Town: WESTERLY State: RI Zip: 02891 Country: USA

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

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

Clear Add

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

JOAN MCCORMICK 29 ICE POND ROAD WESTERLY , RI 02891-

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

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: JOAN MCCORMICK
Business Name:
No. and Street: 29 ICE POND ROAD Resident/Registered Agent
City or Town: WESTERLY State: RI Zip: 02891- Country:
Contact Phone: 40-1-596-6555 ext:
Contact Email: joanamccormick1@cox.net

Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 9 Day of October, 2009 at 9:00:35 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 Joan A. McCormick Trustee
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing

(•) Accept ( ) Decline

FILED
NOV 10 2009
By 16/353