



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. 148916		2. Exact name of the limited liability company Lyons Sakonnet LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Investment and Management of Real Property			
5. Principal office address c/o Michael L. Lyons, 17 Carpenter Street		City Norwich		State VT	Zip 05055
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel C. Lyons, Jr.			Contact Title Manager		
Street Address 721 Old San Jose Road		City Soquel		State CA	Zip 95073
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name Daniel C. Lyons, Jr.			Manager Name Michel L. Lyons		
Street Address 721 Old San Jose Road			Street Address 17 Carpenter Street		
City Soquel	State CA	Zip 95073	City Norwich	State VT	Zip 05055
Manager Name Leslie Lyons Burgat			Manager Name Catherine Lyons Taylor		
Street Address Le Cretaz			Street Address 152 High Street		
City 73460 Verren-Arvey France	State	Zip	City Exeter	State NY	Zip 03833
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).

148916

<b>FILED</b>	
File Date	NOV 24 2009
Check No.	115
By:	By: [Signature]
FOR SECRETARY OF STATE USE ONLY	

164605

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]* - October 30, 2009  
Signature of Authorized Person Date

Daniel C. Lyons, Jr., Manager

Print or Type Name of Authorized Person

LYONS SAKONNET LLC  
Corporate ID No.: 148916

Exhibit A  
to  
2009 Rhode Island Limited Liability Company Annual Report

8. Name and Address of Additional Manager of the Limited Liability Company:

<u>Title</u>	<u>Name</u>	<u>Address</u>
Manager	Thomas F. Lyons	26 Griswold Drive Bellows Falls, VT 05101