

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

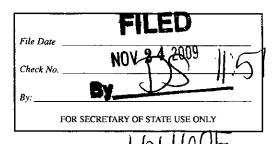
Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.	2. Exact name of the limited liability company Lyons Sakonnet LLC						
148916							
3. State of Formation 4. Brief description		n of the character of the business which is actually conducted in Rhode Island					
Rhode Island Investment and Management of			Real Property				
5. Principal office address				City	State	Zip	
c/o Michael L. Lyons, 17 Carpenter Street				Norwich	∨ T	05055	
6. MAILING ADDRE	SS OF L	IMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTA	ACT PERSON:		
Contact Name				Contact Title	Contact Title		
Daniel C. Lyons, Jr.				Manager	Manager		
Street Address				City	State	Zip	
721 Old San Jose Road				Soquel	CA	95073	
7. NAME AND ADD	RESS OF		AGER OF THE LIMITEI SPACES BEFORE USIN	LIABILITY COMPANY, IF A	APPLICABLE - DO NO'I		
Manager Name				Manager Name	Manager Name		
Daniel C. Lyons, Jr.				Michel L. Lyons	Michel L. Lyons		
Street Address				Street Address	Street Address		
721 Old San Jose Road				17 Carpenter Stre	17 Carpenter Street		
City		State	Zip	City	State	Zip	
Soquel		CA	95073	Norwich	VT	05055	
Manager Name				Manager Name	▲ "		
Leslie Lyons Burgat				Catherine Lyons 1	Catherine Lyons Taylor		
Street Address Le Cretaz				Street Address 152 High Street			
City 73460 Verren-Arvey	/ France	State	Zip	City Exeter	State NY	<i>Zip</i> 03833	
8. RESIDENT AGEN				s of State Changes require filing	of Form 642 - R LC L 7	,	

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

148916



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.

October 3 (), 2009

Daniel C. Lyons, Jr., Manager

Print or Type Name of Authorized Person

LYONS SAKONNET LLC Corporate ID No.: 148916

Exhibit A

<u>to</u>

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