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

Limited Liability Company Annual Report 2009

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. 000114007

2. Exact Name of the Limited Liability Company Brook Investments, LLC

3. State of Formation

State: RI

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

RENTAL PROPERTY

5. Principal Office Address

No. and Street: 14 HORNE DRIVE
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

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

Contact Name: ROBERT G. CLARK Contact Title:
No. and Street: 14 HORNE DRIVE
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

Name	Address Address, City or Town, State, Zip Code, Country
ROBERT G. CLARK	4 BROOKSIDE ROAD WESTERLY, RI 02891 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

FILED
NOV 24 2009
By mnc
CR # 1998

40538-3-458629

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT CLARK 4 BROOKSIDE 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: BARBARA A. BOWES, EA
Business Name: POPLASKI & BOWES, LLC
No. and Street: 85 BEACH STREET, BUILDING D
City or Town: WESTERLY State: RI Zip: 02891 Country: USA
Contact Phone: (401) 596-3353 ext:
Contact Email: INFO@POPLASKICPA.COM
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 29 Day of October, 2009 at 9:07:05 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 ROBERT G. CLARK
Signature of Authorized Person

Make Corrections Accept

Form No. 632
Revised 09/07

FILED
NOV 24 2009
By

LD # 114007