

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.

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1. 1D No. 158890	2. Exact name of the limited liability company The Vend twl: Real Bruk Limber Limber Company						
3. State of Formation  N F	State of Formation 4. Brief description of the character of the hustness which is actually conducted in Rhode Island						
5. Principal office address  3 Hopewon A.				Bristul	Siale UI	0280g	
6. MAILING ADDR	ESS OF L	IMITED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTACT  : Contact Title	PERSON:	•	
Michael Venditwi.				Manuser  City Bristul State UF UZSUG			
Street Address 3 Hupeworth AP.				City Bristul	State N F	02809	
7. NAME AND ADI	DRESS OF		OF THE LIMITED LIAI ES BEFORE USING AT	BILITY COMPANY, IF APPL TACHMENTS ("X" BOX FO	ICABLE - <u>DO NOT L</u> R ATTACHMENT)   ]	IST MEMBERS	
Manager Name Myhael T. Venditoi				Manager Name Prabet A Ventition			
Street Address 3 Hupeworth Are.				Street Address 3 Hopewarn Ar-  City Aristo, State n. I Zip DZ Fug			
City Braj	w 1	State A I	07807	City Brishul	State NI	02 FU9	
Manager Name				Manager Name			
Street Address				Sirvei Address			
City		State	Zip	CH)	State	Zip	
8. RESIDENT AGE This information is			of the Secretary of State	e. Changes require filing of Fe	orm 642 - R.I.G.L. 7-16-	ររ <u>ដូ</u> ង្គ	
						RECEIVED SECRETARY OF STATE CORPURATIONS DIV 2010 JAN -4 PM 1:56	
		inis report must	ve executea by an auth	orized person pursuant to R	.1.G.L. /-10-00 (D).	<b>.</b>	

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

ent. tool.

Print or Type Name of Authorized Person