

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 2008

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

1. ID No. 000156323	2. Exact	name of the limited liability company Vespia Landing, LLC					
3. State of Formation Rhode Island	Į.		character of the busin	ess which is actually conducted in Rho	ode Island		
5. Principal office address 14 Somerset Street				City East Greenwich	State Rhode Island	<i>Ζιμ</i> 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA. Contact Name Brian M. Morris				ME OR TITLE OF CONTACT PERSON: Contact Title Manager			
Street Address 14 Somerset Street				City East Greenwich	State Rhode 1sland	^{Zip} 02818	
7. NAME AND ADI	ORESS OF		OF THE LIMITED ES BEFORE USING	LIABILITY COMPANY, IF AP ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NOT LIST</u> FOR ATTACHMENT)	<u>MEMBERS</u>	
Manager Name Brian M. Morris				Manager Name Terrence P. Morris			
Street Address 14 Somerset Street				Street Address 57 Elm Road			
City East Greenwich Manager Name		State Rhode Island	<i>zip</i> 02818	City Newton Manager Name	State Massachusetts	^{Zip} 02460	
Street Address				Street Address			
City	··· ,	State	Zip	City	State	Zip	
8. RESIDENT AGE This information is	NT IN RE	HODE ISLAND of record in the Office	of the Secretary of	State. Changes require filing of	FForm 642 - R.I.G.L. 7-16-11	2 6	
		This report must	JAN 20 2		o R.I.G.L. 7-16-66 (b).	SECRETARY OF STATE CORPORATIONS DIV	

000156323

File Date	
Check No.	
Ву:	
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 Per

Levon Kasparián

Print or Type Name of Authorized Person