

File Date

FOR SECRETARY OF STATE USE ONLY

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 2010

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

(111110,23) 10 00 (10)	c) is subject to a penalty jet of 42)	.00.				
334 37	9 2. Exact name of the limited	Rooting (	Aving Ano Hon	neImprovena	ents LLC	
3. State of Formation			usiness which is actually conducted in	Rbode Island		
MA	Roc	fing.				
5. Principal office ada			City	State	Zip	
	ASTINE ST		Warreste	<b>.</b>	01606	
6. MAILING ADD	PRESS OF LIMITED LIABII	ITY COMPANY AN	D NAME OR TITLE OF CONT	'ACT PERSON:	•	
Contact Name 505	EPH PETER	25	Contact Title PRESIN	PRESIDENT		
Street Address	-	,	City	State	Zip	
50 (	ASTINE S	, <del>/</del> .	an Worcest	in ma	01606	
7. NAME AND AI	DDRESS OF EACH MANAG	ER OF THE LIMIT PACES BEFORE US	ED LIABILITY COMPANY, IF ING ATTACHMENTS ("X" BO	APPLICABLE - DO NOT DO FOR ATTACHMENT)	LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
-						
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
L		<u> </u>				
Street Address			Street Address	Street Address		
<72.		70.	City	State	Zip	
City	State	Zip	- Cay	(Mare	T	
8. RESIDENT AG	I GENT IN RHODE ISLAND	ı	*	1	•	
		Office of the Secretary	y of State. Changes require filin	g 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).

Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem contained herein are true and correct.	
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JOSEPH J. PETERS

Print or Type Name of Authorized Person