



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, 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 (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

|   |             |  |                          |             |              |
|---|-------------|--|--------------------------|-------------|--------------|
| 1. ID No.<br>000154252  |             | 2. Exact name of the limited liability company<br>BRISTOL BAY CONVERSION, LLC                                    |                          |             |              |
| 3. State of Formation<br>RHODE ISLAND   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE |                          |             |              |
| 5. Principal office address<br>2 BAYVIEW AVENUE   |             | City<br>BRISTOL  |                          | State<br>RI | Zip<br>02809 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |  |                          |             |              |
| Contact Name<br>JOHN ASERMEY  |             |  | Contact Title<br>MANAGER |             |              |
| Street Address<br>35 GRAND PINE WAY   |             | City<br>WESTPORT   |                          | State<br>MA | Zip<br>02790 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |  |                          |             |              |
| Manager Name<br>J. J.   |             |  | Manager Name             |             |              |
| Street Address<br>GRAND PINE WAY  |             |  | Street Address           |             |              |
| City<br>WESTPORT  | State<br>MA | Zip<br>02790   | City                     | State       | Zip          |
| Manager Name  |             |  | Manager Name             |             |              |
| Street Address  |             |  | Street Address           |             |              |
| City  | State       | Zip  | City                     | State       | Zip          |
| Manager Name  |             |  | Manager Name             |             |              |
| Street Address  |             |  | Street Address           |             |              |
| City  | State       | Zip  | City                     | State       | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing 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).

000154252

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: [Signature] Date: 6/29/10  
MANAGER  
Print or Type Name of Authorized Person

**FILED**  
File Date: JUN 29 2010  
Check No.: DS  
By: [Signature]  
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