



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2600  
401.222.3000

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. <b>155900</b>		2. Exact name of the limited liability company <b>DRUM ROCK LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real Estate</b>			
5. Principal office address <b>45B Wilclair Street</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>James Waterman</b>			Contact Title <b>Member</b>		
Street Address <b>8 Jonathan Lane</b>			City <b>Sandwich</b>	State <b>MA</b>	Zip <b>02563</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>JOHN LEDOUX</b>			Address		
Address <b>1006 CHARLES STREET</b>			City <b>NORTH PROVIDENCE</b>	Zip <b>02904-</b>	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date JUL 22 2010

Check No. BY 1064 & 1071

By: \_\_\_\_\_

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.

X James C. Waterman  
Signature of Authorized Person Date

James Waterman  
Print or Type Name of Authorized Person