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 02904-2615
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 (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company			
163499	DRUED LLC			
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
Rhode Island	any lawful purpose			
5. Principal office address		City	State	Zip
40 Pevear Avenue		Warwick	RI	02886-0000

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title			
The Leona A. Drew Revocable Trust Agreement dated 4/23/07	Member			
Street Address		City	State	Zip
40 Pevear Avenue		Warwick	RI	02886-0000

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Edwin T. Drew	40 Pevear Avenue	Warwick	RI	02886
Leona A. Drew	40 Pevear Avenue	Warwick	RI	02886

8. RESIDENT AGENT IN RHODE ISLAND
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).

[redacted] [redacted]

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.

Leona A. Drew 08/01/2010
Signature of Authorized Person *Date*

The Leona A. Drew Revocable Trust Agreement dated 4/23/07
By: Leona A. Drew, Trustee
Print or Type Name of Authorized Person
Member

File Date	FILED
Check No.	SEP 02 2010
By:	By 993

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 08/08