



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.**

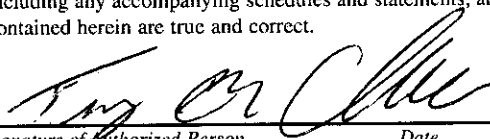
\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 151602		2. Exact name of the limited liability company Shorelands, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and manage real estate and to conduct any other business activities			
5. Principal office address 83 Overshores Drive		City Madison	State CT	Zip 06443	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Timothy Clorite		Contact Title			
Street Address 83 Overshores Drive		City Madison	State CT	Zip 06443	
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 Timothy Clorite		Manager Name William Clorite			
Street Address 83 Overshores Drive		Street Address 83 Overshores Drive			
City Madison	State CT	Zip 06443	City Madison	State CT	Zip 06443
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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					

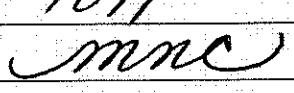
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

151602

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.

 9/20/10  
Signature of Authorized Person Date

Timothy Clorite, Manager  
Print or Type Name of Authorized Person

File Date	9-22-2010
Check No.	1097
By:	
FOR SECRETARY OF STATE USE ONLY	