

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

292173	JHRW LLC					
3. State of Formation	4. Brief descripti Real Estate	on of the character of the busi Development	tess which is actually conducted in Rhode Island			
5. Principal office address 89 State Street			Guilford	State CT	^{Ζ.φ} 06437	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND I Contact Name Russell W. Waldo			NAME OR TITLE OF CONTACT PERSON: Contact Title Manager			
Street Address 89 State Street			City Guilford	State CT	<i>Ζφ</i> 06437	
	ADDRESS OF EACH MANA FILL IN	GER OF THE LIMITED SPACES BEFORE USIN	LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BO) Manager Name	APPLICABLE - <u>DO NO</u> T X FOR ATTACHMENT)	r list members]	
Manager Name James D. Hennessey			Russell W. Waldo			
Street Address 550 East Main	St., Unit 32		Street Address 89 State Street			
City	State	Zip	City	State	ZΨ	
Branford	СТ	06437	Guilford	[CT	06437	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	Сйу	State	Zip	
	CUINT IN DISORE ICY AND		•	l	I	
8. RESIDENT A	GENT IN RHODE ISLAND		of State. Changes require filing	of Form 642 P.I.G.1 7-	16-11	

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

292173

 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.

M

Signature of Authorized Person

Rusell W. Waldo

Print or Type Name of Authorized Person

Form 632 Rev. 08/08