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BY FOR SECRETARY OF STATE USE ONLY

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.

1. ID No. 163414	I	t name of the limited liability company A. MacDonald, LLC				
. State of Formation 4. Brief description of the character of the hus Lobbyist				isiness which is actually conducted in Rhode Island		
5. Principal office address 514 Colwell Road				City Harrisville	State RI	^{Zip} 02830
. MAILING AD Contact Name Paul A. MacDe		IMITED LIAB	ILITY COMPANY AND	O NAME OR TITLE OF CONTA Contact Title Member	CT PERSON:	
Street Address 514 Colwell Road				City Harrisville	State RI	^{Zip} 02830
. NAME AND A	ADDRESS OF		GER OF THE LIMITE SPACES BEFORE USIN	D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BO)	PPLICABLE - DO NOT FOR ATTACHMENT)	LIST MEMBERS
Manager Name				Manager Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
Manager Name	••••••	I		Manager Name	······································	
Street Address				Street Address		
Сйу		State	Ζψ	Сйу	State	Zip
ERESIDENT ACTION			Office of the Secretary	of State. Changes require filing o	of Form 642 - R.I.G.L. 7-16	RECEIVED SECRICATION OF THE
	163	This report			o R.I.G.L. 7-16-66 (b). perjury, I declare and affirm companying schedules and st	
File Date	FILE	D		contained herein	are true and correct. Mac Donald	mericus, and that all Mate

Signature of Authorized Person

Paul A. MacDonald

Print or Type Name of Authorized Person

Date