



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 2007**

**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 80148		2. Exact name of the limited liability company CLYDE DEVELOPMENT CO., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT			
5. Principal office address 295 WASHINGTON HIGHWAY		City SMITHFIELD	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JACKSON DESPRES			Contact Title MANAGER		
Street Address 295 WASHINGTON HIGHWAY		City SMITHFIELD	State RI	Zip 02917	
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 JACKSON DESPRES			Manager Name ALFRED CONSTANTINO		
Street Address 31 WILIAMS ROAD		Street Address 34 MACARTHUR DRIVE			
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Manager Name RUTH MANZI			Manager Name		
Street Address 14 MAPLECREST DRIVE		Street Address			
City SMITHFIELD	State RI	Zip 02917	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					

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

80148

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.

Jackson Despres  
Signature of Authorized Person Date

JACKSON DESPRES  
Print or Type Name of Authorized Person

<b>FILED</b>	
File Date	NOV 12 2010
Check No.	
By:	By <u>JSD</u>
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