



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.

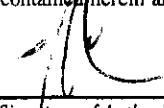
1. ID No. 141114		2. Exact name of the limited liability company MOOK BROTHERS HOLDINGS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING, IMPROVING AND MANAGEMENT OF RENTAL PROPERTY			
5. Principal office address TWO ELM STREET (P.O. Box 414)		City WESTERLY	State RI	Zip 02891	
LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name W. THEODORE MOOK			Contact Title MANAGER		
Street Address BOX 460 - 56 FORT NINIGRET ROAD		City CHARLESTOWN	State RI	Zip 02813	
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT SIGNATURES. FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT. <input type="checkbox"/>					
Manager Name W. THEODORE MOOK			Manager Name		
Street Address BOX 460 - 56 FORT NINIGRET ROAD		Street Address			
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
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).

141114

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.


Signature of Authorized Person Date
11.1.10

W. THEODORE MOOK

Print or Type Name of Authorized Person

FILED
NOV 23 2010
By 10957