

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 (hebr.)) is subject to a tenalty fee of \$25.00

		. 21.1					
1. ID No. 308514		t name of the limited liability company ADVENTURERS LLC					
3. State of Formation 4. Brief description of the character of the busin RHODE ISLAND Any lawful business				ness which is actually conducted in Rhode Island			
5. Principal office address 223 Reservoir Road				City Cumberland	State Rhode Island	2tp 02864	
6. MAILING ADD Contact Name Ronald A. Pratt	RESS OF 1	IMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTAC Contact Title Member	T PERSON:		
Street Address 2232 Reservoir Road				City Cumberland	State Rhode Island	^{Zip} 02864	
7. NAME AND AT	DRESS OF	FEACH MANA FILL IN	GER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF API ING ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NOT LIS</u> OR ATTACHMENT)	T MEMBERS	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
				<u>;</u>			
City		State	Zip	City	State	Zip	
City Manager Name	*****	State	Zip	City Manager Name	State	Zip	
Manager Name		State	Zip		State	Zip	
*******************		State State	Zip Zip	Manager Name	State State	Zip Zip	
Manager Name Street Address City 8. RESIDENT AGE		State ODE ISLAND	Ζίρ	Manager Name Street Address	State		

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

308514

File Date	
:	NOV 3 0 2010
Check No.	
By:SY	6009
FOR SECRE	TARY OF STATE USE ONLY

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

Ronald A. Pratt, Member

Print or Type Name of Authorized Person