

State of Rhode Island and Providence Plantations Office of the Secretary of State

No Fee

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Domestic Limited Liability Company Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2010

1. **ID No.** 000126948

- 2. Exact Name of the Limited Liability Company Backwoods, LLC
- 3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO PURCHASE, MAINTAIN, IMPROVE AND SELL AND TO CONDUCT AND PROMOTE BUSINESS

5. Principal Office Address

No. and Street: 301 LOG RD

City or Town: <u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 622 G. WASHINGTON HWY

UNIT 603, PMB 146

City or Town: LINCOLN State: RI Zip: 02865 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MONICA ODONOVAN	301 LOG RD SMITHFIELD, RI 02917 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHARLES H. WHITE 150 MAIN STREET PAWTUCKET, RI 02860-

Signed this 10 Day of March, 2011 at 12:16:09 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MONICA ODONOVAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

