



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2007**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000150917		2. Exact name of the limited liability company S & H Investments llc			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 989 Mapleville Road		City Greenville	State RI	Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lynda Lisker			Contact Title Member		
Street Address 98 Mapleville Road		City Greenville	State RI	Zip 02828	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Lynda Lisker		Manager Name			
Street Address 98 Mapleville Road		Street Address			
City Greenville	State RI	Zip 02828	City	State	Zip
Manager Name Steven Lisker		Manager Name			
Street Address 98 Mapleville Road		Street Address			
City Greenville	State RI	Zip 02828	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 Form 642.					

FILED

MAY 09 2012

BY 170171 10/27

2012 MAY -9 11:10:27
 SECRETARY OF STATE
 CORPORATIONS DIV

File Date _____

Check No _____

By: _____

FOR SECRETARY 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.

Lynda Lisker 4/14/2012
 Signature of Authorized Person Date

Lynda Lisker
 Print or Type Name of Authorized Person