



**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.<br><b>000150917</b>   |                    | 2. Exact name of the limited liability company<br><b>S &amp; H Investments llc</b>                |                                |                     |     |
| 3. State of Formation<br><b>RI</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                                |                     |     |
| 5. Principal office address<br><b>989 Mapleville Road</b>  |                    | City<br><b>Greenville</b>   | State<br><b>RI</b>             | Zip<br><b>02828</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                                |                     |     |
| Contact Name<br><b>Lynda Lisker</b>  |                    |   | Contact Title<br><b>Member</b> |                     |     |
| Street Address<br><b>98 Mapleville Road</b>  |                    | City<br><b>Greenville</b>   | State<br><b>RI</b>             | Zip<br><b>02828</b> |     |
| 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<br><b>Lynda Lisker</b>  |                    | Manager Name  |                                |                     |     |
| Street Address<br><b>98 Mapleville Road</b>  |                    | Street Address  |                                |                     |     |
| City<br><b>Greenville</b>  | State<br><b>RI</b> | Zip<br><b>02828</b>   | City                           | State               | Zip |
| Manager Name<br><b>Steven Lisker</b>   |                    | Manager Name  |                                |                     |     |
| Street Address<br><b>98 Mapleville Road</b>  |                    | Street Address  |                                |                     |     |
| City<br><b>Greenville</b>  | State<br><b>RI</b> | Zip<br><b>02828</b>   | 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