LPH MO				
	State of Rhode Island Office of the	d and Provid e Secretary c		ONS Fee: \$50.0
	Division (	Of Business Ser	vices	
		W. River Street		
Same - Charles	Providen	nce RI 02904-2	615	
cretary of Sto	(40	1) 222-3040		
imited Liability	Company			
nnual Report				
iling Period: Septer	nber 1 - November 1			
n accordance with R	R.I.G.L. 7-16-66(d), each limited li	ability company	failing or refusing	to
	within thirty (30) days after the tin	ne prescribed by	/ law (R.I.G.L.	
-16-66(b&C)) is subj	iect to a penalty fee of \$25.00.			
ANNUAL REPORT	YEAR: <u>2012</u>			
1. ID No. <u>00052</u>	<u>25561</u>			
2. Exact Name of	the Limited Liability Company	r LHB Associat	tes, LLC	
3. State of Format	ion			
State: <u>RI</u>				
	n of the Character of the Busin			
5. Principal Office	therwise deal in real and person Address			
No. and Street:				
	81 BURDICK DRIVE	State: RI	Zip: 02920	Country: USA
		State: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>
No. and Street: City or Town: 6. Mailing Address	81 BURDICK DRIVE			·
City or Town: 6. Mailing Address	<u>81 BURDICK DRIVE</u> <u>CRANSTON</u>			·
City or Town: 6. Mailing Address Contact Name: Co	81 BURDICK DRIVE CRANSTON of Limited Liability Company			·
City or Town: 6. Mailing Address Contact Name: Co No. and Street:	81 BURDICK DRIVE CRANSTON of Limited Liability Company			·
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town:	81 BURDICK DRIVE CRANSTON of Limited Liability Company ntact Title: 81 BURDICK DRIVE CRANSTON ess of Each Manager of the Li	and Name or T State: <u>RI</u>	Title of Contact I	Person: Country: <u>USA</u>
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addre	81 BURDICK DRIVE CRANSTON of Limited Liability Company ntact Title: 81 BURDICK DRIVE CRANSTON ess of Each Manager of the Li	and Name or ⊺ State: <u>RI</u> mited Liability	Title of Contact I Zip: <u>02920</u> Company, if Ap	Person: Country: <u>USA</u>
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME	81 BURDICK DRIVE CRANSTON of Limited Liability Company Intact Title: 81 BURDICK DRIVE CRANSTON ess of Each Manager of the Li EMBERS	and Name or T State: <u>RI</u> mited Liability	Title of Contact I Zip: <u>02920</u> Company, if Ap Ad	Person: Country: <u>USA</u> plicable.
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME	81 BURDICK DRIVE         CRANSTON         a of Limited Liability Company         ntact Title:         81 BURDICK DRIVE         CRANSTON         ess of Each Manager of the Li         EMBERS         Individual Nam	and Name or T State: <u>RI</u> mited Liability	Fitle of Contact I Zip: <u>02920</u> Company, if Ap Address, City or Town, 81 BUR	Person: Country: <u>USA</u> plicable. dress
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME Title	81 BURDICK DRIVE         CRANSTON         a of Limited Liability Company         Intact Title:         81 BURDICK DRIVE         CRANSTON         ess of Each Manager of the Li         EMBERS         Individual Nam         First, Middle, Last, Su	and Name or T State: <u>RI</u> mited Liability	Fitle of Contact I Zip: <u>02920</u> Company, if Ap Address, City or Town, 81 BUR	Person: Country: <u>USA</u> plicable. dress State, Zip Code, Country DICK DRIVE
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME Title MANAGER	81 BURDICK DRIVE CRANSTON         a of Limited Liability Company         Intact Title:         81 BURDICK DRIVE CRANSTON         ess of Each Manager of the Lie         EMBERS         Individual Nam         First, Middle, Last, Su         LORRAINE H BOUDRE	and Name or T State: <u>RI</u> mited Liability	Fitle of Contact I Zip: <u>02920</u> Company, if Ap Address, City or Town, 81 BUR	Person: Country: <u>USA</u> plicable. dress State, Zip Code, Country DICK DRIVE
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME Title MANAGER 8. RESIDENT AGEN	81 BURDICK DRIVE CRANSTON         a of Limited Liability Company         Intact Title:         81 BURDICK DRIVE CRANSTON         ess of Each Manager of the Lie         EMBERS         Individual Nam         First, Middle, Last, Su         LORRAINE H BOUDRE         NT IN RHODE ISLAND - DO NOT	and Name or T State: <u>RI</u> mited Liability ne ffix AU	Fitle of Contact I Zip: <u>02920</u> Company, if Ap Address, City or Town, 81 BUR	Person: Country: <u>USA</u> plicable. dress State, Zip Code, Country DICK DRIVE
City or Town: 6. Mailing Address Contact Name: Co No. and Street: City or Town: 7. Name and Addre DO NOT LIST ME Title MANAGER 8. RESIDENT AGEN	81 BURDICK DRIVE CRANSTON         a of Limited Liability Company         Intact Title:         81 BURDICK DRIVE CRANSTON         ess of Each Manager of the Lie         EMBERS         Individual Nam         First, Middle, Last, Su         LORRAINE H BOUDRE	and Name or T State: <u>RI</u> mited Liability ne ffix AU	Fitle of Contact I Zip: <u>02920</u> Company, if Ap Address, City or Town, 81 BUR	Person: Country: <u>USA</u> plicable. dress State, Zip Code, Country DICK DRIVE

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

**Signed this 26 Day of September, 2012 at 2:38:51 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 LORRAINE H. BOUDREAU Signature of Authorized Person

Form No. 632 Revised 09/07

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