

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 2010

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. 150242		2. Exact name of the limited liability company Scott Squared, LLC					
3. State of Formation Rhode Island	I	Brief description of the character of business conducted in Rhode Island Real Estate					
5. Principal office address 57 Edgewood Farm Road			City Wakefield	State RI	Zip 02879		
6. MAILING ADDRESS OF Contact Name Scot V. Hallberg	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title Member	PERSON:			
Street Address 57 Edgewood Farm Road			City Wakefield	State RI	Zip 02879		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip 👼		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip T. State		
8. RESIDENT AGENT IN R		o Office of the Sec	retary of State. Changes require	filing Form 642			
This information is curren	uy or record in th	e office of the Sec	retary or state. Changes require	ming Fulli 042.			

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By:			
FOR SEC	RETARY OF S	TATE USE O	NLY

Form	No.	632
Revis	ed:	01/2012

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

Print or Type Name of Authorized Person