

## 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 2008

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.		2. Exact name of the limited liability company						
150242	Scott Se	Scott Squared, LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     Real Estate						
Rhode Island	Real Est							
5. Principal office address 57 Edgewood Farm Road			City <b>Wakefield</b>	State RI	Zip <b>02879</b>			
	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON	The state of the s			
Contact Name Scot V. Hallberg			Contact Title Member					
Street Address 57 Edgewood Farm Road			City <b>Wakefield</b>	State RI	Zip 02879	£		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT) [	DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBI	ERS		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip ===	(37)		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN	RHODE ISLAND					. W.H.I		

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BY File D Checl By:	A Company of the Comp
FOR	SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affirm that I be	a <del>ve exa</del> mined
this report, including any accompanying echedules a	and statements,
and that all statements contained herein are true and	
	3/8/2013
Signature of Authorized Person	Date
SCOT V. HAllberg	
Print or Type Name of Authorized Person	