



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 **2009**

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. <b>000136231</b>		2. Exact name of the limited liability company <b>H2O PROPERTIES, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE HOLDING COMPANY</b>			
5. Principal office address <b>3219 East Camelback # 356</b>		City <b>Phoenix</b>	State <b>AZ</b>	Zip <b>85018</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF THE CONTACT PERSON					
Contact Name <b>H. CHARLES LEMIRE</b>		Contact Title <b>AUTHORIZED MEMBER</b>			
Street Address <b>3219 East Camelback # 356</b>		City <b>Phoenix</b>	State <b>AZ</b>	Zip <b>85018</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		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
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.					

3:49 pm  
**FILED**

SEP 17 2014

By 232474

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2014 SEP 17 PM 3:45  
 CORPORATION 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.

*[Signature]* \_\_\_\_\_ Date 9.9.2014  
 Signature of Authorized Person  
**H. CHARLES LEMIRE, JR**  
 Print or Type Name of Authorized Person