



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>152388</b>		2. Exact name of the limited liability company <b>Castillo Properties, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO ACQUIRE REAL PROPERTY, SELL, LEASE, MANAGE, ETC.</b>			
5. Principal office address <b>32 Oak Avenue</b>		City <b>Hempstead</b>	State <b>NY</b>	Zip <b>11550</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Christian R. Castillo</b>			Contact Title <b>Manager</b>		
Street Address <b>32 Oak Avenue</b>		City <b>Hempstead</b>	State <b>NY</b>	Zip <b>11550</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name <b>Christain R. Castillo</b>			Manager Name		
Street Address <b>32 Oak Avenue</b>		Street Address			
City <b>Hempstead</b>	State <b>NY</b>	Zip <b>11550</b>	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>ALFRED A. VELTRI, ESQ.</b>			Address		
Address <b>331 BROADWAY</b>		City <b>PROVIDENCE</b>	Zip <b>02909-</b>		

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

File Date	<u>9-7-07</u>
Check No.	<u>947</u>
By:	<u>mmc</u>
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.

Castillo Properties, LLC

[Signature]  
Signature of Authorized Person

9/5/07  
Date

**Christain R. Castillo-Manager**

Print or Type Name of Authorized Person