



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

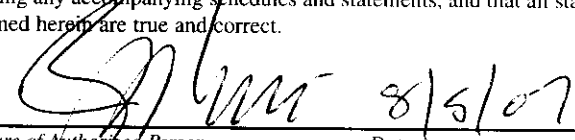
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 127880		2. Exact name of the limited liability company 209 Newport Green Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING AND/OR LEASING REAL ESTATE	
5. Principal office address 70 W. MAIN RD		City MIDDLETOWN	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL J BOVE III		Contact Title Trustee	
Street Address 70 W MAIN RD		City Middletown	State RI
		Zip 02842	
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 MICHAEL J. BOVE III		Manager Name	
Street Address 70 W MAIN RD		Street Address	
City MIDDLETOWN	State RI	City	State
Zip 02842		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 MICHAEL J. BOVE, III		Address	
Address 70 WEST MAIN ROAD		City MIDDLETOWN	Zip 02842-

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

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
8/5/07
MICHAEL J. BOVE III
Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 17 2007
By:	1820
FOR SECRETARY OF STATE USE ONLY	