



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. 152091		2. Exact name of the limited liability company 195 DuPont Drive, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 195 DuPont Drive		City Providence	State RI	Zip 02907	
6. MAILING ADDRESSES OF LIMITED LIABILITY COMPANY AND NAME OF THE CONTACT PERSON:					
Contact Name Paul D. Sardelli		Contact Title Manager			
Street Address 195 DuPont Drive		City Providence	State RI	Zip 02907	
7. NAMES AND ADDRESSES OF ALL INDIVIDUALS WHO ARE APPLICABLE TO THIS DOCUMENT LIST MEMBERS OF THE COMPANY BY REGISTERING AT A COMPANY OFFICE FOR ATTACHMENT:					
Manager Name Paul D. Sardelli		Manager Name Stephen T. Sardelli			
Street Address 195 DuPont Drive		Street Address 195 DuPont Drive			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENCE OF AN INDIVIDUAL WHO IS REGISTERED AS AN OFFICER OF THE COMPANY:					
Agent Name David M. Gilden, Esq.		Address			
Address 180 South Main Street		City Providence	Zip 02903		

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

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File Date: 5-29-08
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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: Paul D. Sardelli Date: 4/5/08
 Print or Type Name of Authorized Person: Paul D. Sardelli