



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

1. ID No. 109374		2. Exact name of the limited liability company 71-73 Ruth Avenue, 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 276 PROVIDENCE STREET		City REHOBOTH	State MA Zip 02769-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WAYNE A ANDREWS		Contact Title Operating Manager	
Street Address 276 PROVIDENCE STREET		City REHOBOTH	State MA Zip 02769-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Wayne A. Andrews		Manager Name Vivienne M. Andrews	
Street Address 276 PROVIDENCE STREET		Street Address 276 Providence Street	
City Rehoboth	State MA	Zip 02769	City Rehoboth
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name F. MOORE MCLAUGHLIN, IV ESQ.		Address 32 CUSTOM HOUSE STREET, SUITE 500	
Address		City PROVIDENCE	Zip 02903

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



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FILED

File Date AUG 21 2007

Check No. 034113

By: Wayne A. Andrews

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.

Wayne A. Andrews 8/21/07
Signature of Authorized Person Date

Wayne A. Andrews
Print or Type Name of Authorized Person