



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

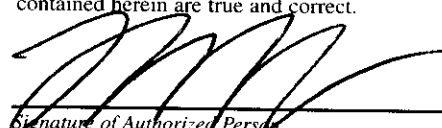
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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. 136964		2. Exact name of the limited liability company Tillietudlem LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island NONE	
5. Principal office address 26C Bradbury		City Cambridge	State MA
		Zip 02138	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Benjamin Sapers		Contact Title Agent	
Street Address 200 Dye Hill Rd		City Hope Valley	State RI
		Zip 02832	
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) ☐			
Manager Name Judith T. Sapers		Manager Name Carl M Sapers	
Street Address 26C Bradbury		Street Address 26C Bradbury	
City Cambridge	State MA	City Cambridge	State MA
Zip 02138		Zip 02138	
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 BENJAMIN L. SAPERS		Address	
Address 200 DYE HILL ROAD		City HOPE VALLEY	Zip 02832-

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 **8/25/7**
Benjamin L Sapers
Print or Type Name of Authorized Person

File Date	FILED
Check No.	AUG 27 2007
By:	By 704
FOR SECRETARY OF STATE USE ONLY	