

A. Ralph Mollis, Secretary of State Corporations Division 1-18 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.

(K.I.U.L. 7-10-00 (D&C)) is subject	to a penalty fee of \$25.0	Ю.					
1 ID No.	2. Exact	eact name of the limited liability company						
137306	KEEG	AN, LLC						
3. State of Formation		4. Brief description of th	e character of the business wh	ich is actually conducted in Rhode Islan	ıd			
RHODE ISLAND TO BUY, SELL, RENT OR LEASE PROPI			RTY & HOLD MORTGAGES					
5. Principal office addr				City	State		Zip	
7.0	BOX	331 - 37	Pleasaut View	LAREDUINE .	RI		12825	
6. MAILING ADDR	RESS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:		<u> </u>	
Contact Name			 .	Contact Tiffe				
Street Address				PRESIDENT				
196	1		<i>~</i> .	City	State		Zip	
		ierlors	IJKJUE	EAST GEENWIL	M. K		02818	
7. NAME AND ADI	DRESS OF	EACH MANAGER (OF THE LIMITED LIABI	LITY COMPANY, IF APPLICA	BLE - DO N	OT LIST !	MEMBERS	
		FILL IN SPACE	S BEFORE USING ATTA	CHMENTS ("X" BOX FOR AT	FACHMENT)			
Manager Name				Manager Name				
	<u> </u>							
Street Address				Street Address				
City								
City		State	Zip	City	State		Zip	
Manager Name	••••••	*****************	.]			•		
munager sume				Manager Name				
Street Address				0				
				Street Address				
City		State	Ζip	Сйу	I a			
			7.17	City	State		Zip	
8. RESIDENT AGE	NT IN RHO	ODE ISLAND - DO N	VOT ALTER - Changes	: require filing of Form 642 -	 R.I. G.L. 7-1	6-11		
Agent Name				Address				
RICHARD R. ZELANO								
Address				City	•	Zip		
196 GOVERNORS DRIVE				EAST GREENWICH		02818-		
					,	25010-	_ 	

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

File Date 9.5.07 Check No. 837 By: 100 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. Signature of Authorized Person Print or Type Name of Authorized Person
	1 rad or Type reame of Authorized Ferson