



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, 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

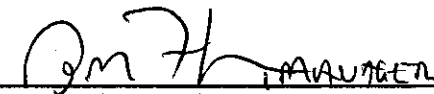
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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. 120116		2. Exact name of the limited liability company CENTERVILLE OFFICE ASSOCIATES, 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 INVESTMENTS			
5. Principal office address 33 COLLEGE HILL ROAD - SUITE 29D		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name BRIAN FRIEDMAN		Contact Title MANAGER			
Street Address 33 COLLEGE HILL ROAD - SUITE 29D		City WARWICK	State RI	Zip 02886	
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 BRIAN FRIEDMAN		Manager Name			
Street Address 33 COLLEGE HILL ROAD - SUITE 29D		Street Address			
City WARWICK	State RI	Zip 02886	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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 BRIAN FRIEDMAN		Address			
Address 33 COLLEGE HILL ROAD, SUITE 29D		City WARWICK		Zip 02886	

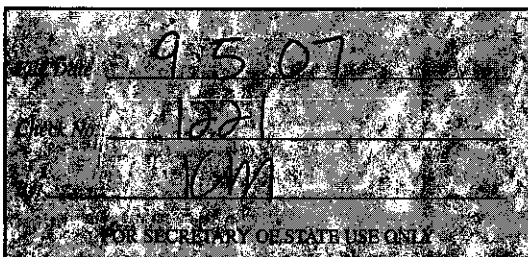
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

 9/1/2007
Signature of Authorized Person Date

BRIAN FRIEDMAN, MANAGER

Print or Type Name of Authorized Person





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File Date 9.5.07
Check No. 1221
By: ICM

FOR SECRETARY OF STATE USE ONLY

Brian Friedman 9/1/2007
Signature of Authorized Person Date
BRIAN FRIEDMAN, MANAGER
Print or Type Name of Authorized Person