RI SOS Filing Number: 200700522950 Date: 09/05/2007 4:00 PM

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.	2. Exact name of the limited liability company
120116	CENTERVILLE OFFICE ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE INVESTMENTS

5. Principal office address	City	State	Zip
33 COLLEGE HILL ROAD - SUITE 29D	WARWICK	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
BRIAN FRIEDMAN	MANAGER

Street Address	City	State	Zip
33 COLLEGE HILL ROAD - SUITE 29D	WARWICK	RI	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	Street Address	City	State	Zip
BRIAN FRIEDMAN	33 COLLEGE HILL ROAD - SUITE 29D	WARWICK	RI	02886

Manager Name	Street Address	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	Address	City	Zip
BRIAN FRIEDMAN	33 COLLEGE HILL ROAD, SUITE 29D	WARWICK	02886-

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

[redacted] [redacted]

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.

MANAGER 9/1/2007
Signature of Authorized Person *Date*

BRIAN FRIEDMAN, MANAGER
Print or Type Name of Authorized Person

[redacted]

Mail Date 9.5.07
Check No. 1202
Amt. $50.00
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07

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Manager Name	Manager Name
BRIAN FRIEDMAN	
Street Address	Street Address
33 COLLEGE HILL ROAD - SUITE 29D	
City / State / Zip	City / State / Zip
WARWICK / RI / 02886	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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Agent Name	Address
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Address	**City** / **Zip**
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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.

BRIAN FRIEDMAN 9/1/2007
Signature of Authorized Person *Date*

[redacted]

BRIAN FRIEDMAN, MANAGER
Print or Type Name of Authorized Person

File Date 9.5.07
Check No. 1221
By: KM
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07