

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 lit	vitad liahilitu combanu													
112716	PackCo LLC														
3. State of Formation	4. Brief descr	iption of the character of the bu	siness which is actually conducted in Rho	ich is actually conducted in Rhode Island											
Rhode Island	Real Prope	erty Investment and Ren	ital												
Principal office address			City	City State Zip											
1220 KINGSTOW	N RD.		PEACE DALE	RI	02879										
6. MAILING ADDRE	ss of limited Liv	BILITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:											
DONALD J PACK	EĐ			Contact Title											
Street Address				Member City State Zip											
1220 KINGSTOWN	u PD		PEACE DALE	RI	02879										
1220 KINGGTOWI		1851 - John Stefferson (1861-180)	FLACE DALE		J02879										
7. NAME AND ADD			D LIABILITY COMPANY, IF APP												
			NG ATTACHMENTS ("X" BOX F	OR ATTACHMENT)											
Manager Name			Manager Name	Manager Name											
None			None	None											
Street Address			Street Address	· •											
n/a			n/a	į n/a											
City n/a	State n/a	^{Zip} n/a	City n/a												
Manager Name None		•••••••••••••••••••••••••••••••••••••••	Manager Name None	•••••••											
Street Address n/a			Stroet Address n/a	Street Address n/a											
City n/a	State	Ζip	City	State	<i>Zip</i> n/a										
l · · · - ·	n/a	n/a	n/a or normalista et et en	in/a n/a n/a s require filing of Porm 642 - R.I.G.L. 7-16-11											
8. RESIDENT AGEN Agent Name	T IN RHODE ISLAN	D - DO NOT ALTER - C	hanges require filing of Form	642 - R.I.G.L. 7-1	6-11										
Donald J. Packer,	Esquire														
Address	. ,		City	City Zip											
1220 Kingstown R	'nad		PEACE DALE		02879										
Kingstowii i			I FLAVE DALE	I LAOL DALL DESTO											

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

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Under penalty of perjury, I declare a including any accompanying schedu contained herein are true and correct	nd affirm that I have examined this report les and statements, and that all statements
Imale Vac	le 8.29.07
Signature of Authorized Person Donald J. Packer	Date

Print or Type Name of Authorized Person