



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.<br><b>74095</b>   |       | 2. Exact name of the limited liability company<br><b>124 Thames Street Associates, LLC</b>  |                                |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE INVESTMENT.</b> |                                |                     |     |
| 5. Principal office address<br><b>244 GANO STREET</b>   |       | City<br><b>Providence</b>   | State<br><b>RI</b>             | Zip<br><b>02906</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.</b>   |       |   |                                |                     |     |
| Contact Name<br><b>Eugene Goldstein</b>   |       |   | Contact Title<br><b>Member</b> |                     |     |
| Street Address<br><b>244 Gano Street</b>  |       | City<br><b>Providence</b>   | State<br><b>RI</b>             | Zip<br><b>02906</b> |     |
| <b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                                |                     |     |
| Manager Name  |       |   | Manager Name                   |                     |     |
| Street Address  |       |   | Street Address                 |                     |     |
| City  | State | Zip   | City                           | State               | Zip |
| Manager Name  |       |   | Manager Name                   |                     |     |
| Street Address  |       |   | Street Address                 |                     |     |
| City  | State | Zip   | City                           | State               | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>   |       |   |                                |                     |     |
| Agent Name<br><b>EUGENE GOLDSTEIN</b>   |       |   | Address                        |                     |     |
| Address<br><b>244 GANO STREET</b>   |       | City<br><b>PROVIDENCE</b>   | Zip<br><b>02906</b>            |                     |     |

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

**8/31/07**  
Date

**Eugene Goldstein**  
Print or Type Name of Authorized Person

|                                 |                   |
|---------------------------------|-------------------|
| <b>FILED</b>                    |                   |
| File Date                       | <b>SEP 4 2007</b> |
| Check No.                       | <b>1346</b>       |
| By                              | <b>13</b>         |
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