



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>123140</b>   |       | 2. Exact name of the limited liability company<br><b>Shafter Street Realty Company, 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>ACQUIRING, SELLING AND LEASING REAL ESTATE</b> |                      |
| 5. Principal office address<br><b>6 Shafter Street</b>   |       | City<br><b>Providence</b>  | State<br><b>RI</b>   |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                      |
| Contact Name<br><b>J. Gary Kornher</b>   |       | Contact Title<br><b>Member</b>   |                      |
| Street Address<br><b>c/o Residential Title<br/>51 Jefferson Boulevard</b>  |       | City<br><b>Warwick</b>   | State<br><b>RI</b>   |
| Zip<br><b>02888</b>  |       |  |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<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   | City   | State                |
| Manager Name   |       | Manager Name   |                      |
| Street Address   |       | Street Address   |                      |
| City   | State | Zip  | City                 |
| State  | Zip   | City   | State                |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11   |       |  |                      |
| Agent Name<br><b>LISA COOPER, ESQ.</b>   |       | Address<br><b>c/o Res/Title</b>  |                      |
| Address<br><b>51 JEFFERSON BOULEVARD</b>   |       | City<br><b>WARWICK</b>   | Zip<br><b>02888-</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.

X J. Gary Kornher 9/12/07  
Signature of Authorized Person Date  
J. GARY KORNHER  
Print or Type Name of Authorized Person

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b> 8:29               |                    |
| File Date                       | <b>SEP 13 2007</b> |
| Check No.                       |                    |
| By: <u>J. Gary Kornher</u>      |                    |
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