

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.

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1. ID No. 2. Exact name of the limited liability company						
BARBIOD 89874		trwick A	venue L.L.	<u> </u>	·· <u>·</u> ···	
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
RI	Rea	1 Estate	Investment	<u>,</u>		
5. Principal office address	E. c. 4	# 2sa	City 1.	State An A	<i>Ζφ</i>	
858 Washingt		and the contract of the second of the contract	OR TITLE OF CONTACT PERS	I MA	02026	
6. MAILING ADDRESS OF L	IMITED ITTERTITE A	UMPANI AND NAME	Contact Title	nui.	•	
	100					
Gregory J. Salvatore			MANAGON State Zito			
Street Address			City	State	Zip	
Sant				ļ	J	
	7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>					
	PILL IN SPACE	S BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT	ACHMENT)		
				ar Art (1978 and 1981)		
Manager Name			Manager Name			

Street Address			Street Address			
City	State	Zψ	Clty	State	Zip	
-		[-				
Manager Name			Manager Name			
Manager Name			munager mane			
	·		Source de Jalance			
Street Address			Street Address			
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City	State	Ζip	City	State	Zip	
		1		l	1	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.L.G.L. 7-16-11						
Agent Name	, ,	Address				
1 STEPHER	V ewins	tein				
Address			City		Ζip	
Stephen Lewinstein Address GI Ledge Road Unit G			Newport 02840			
<u>vi veage</u>	1COAU	V // 1 U \	1 102Wpoil		- 2010	

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

FILED	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.
Check No. By FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Ferson Signature of Authorized Ferson Signature of Authorized Person Signature of Authorized Person

Form 632 Rev. 07/07