



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. 97601		2. Exact name of the limited liability company LAROC, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 14 NAVAHO ST.			City CRANSTON	State R.I.	Zip 02907
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert O'Connell			Contact Title Manager		
Street Address 14 NAVAHO ST			City CRANSTON	State R.I.	Zip 02907
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) <input type="checkbox"/>					
Manager Name Robert J. O'Connell			Manager Name Gleem Larrabee		
Street Address 14 NAVAHO ST.			Street Address 14 NAVAHO ST.		
City CRANSTON	State R.I.	Zip 02907	City CRANSTON	State R.I.	Zip 02907
Manager Name -			Manager Name -		
Street Address -			Street Address -		
City -	State -	Zip -	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 ROBERT D. O'CONNELL			Address -		
Address 14 NAVAHO STREET			City CRANSTON	Zip 02907	

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

File Date	FILED
Check No.	SEP 07 2007
By:	By 2202
FOR SECRETARY OF STATE USE ONLY	

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]
Signature of Authorized Person Date **09/24/07**

Robert J. O'Connell
Print or Type Name of Authorized Person