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.	2. Exact name of the limited liability company			
99593	59 Foundry Street, LLC			

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
Rhode Island	Real Estate Holding Company			

5. Principal office address	City	State	Zip
59 Foundry Street	Central Falls	RI	02863

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Mark A. Lord	Sole Member		

Street Address	City	State	Zip
59 Foundry Street	Central Falls	RI	02863

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) ☐

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

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Michael F. Sweeney, Esq.	One Turks Head Place, Suite 1200	
Address	City	Zip
	Providence	02903

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

■ 99593

File Date	9-7-07
Check No.	1003
By:	mmc
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.

Mark A. Lord Sole Member   9/5/07
Signature of Authorized Person   Date

Mark A. Lord
Print or Type Name of Authorized Person

Form 632 Rev. 07/07