



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Raiph Mollis, Secretary of State
Corporation 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. 159030		2. Exact name of the limited liability company NINE WEST PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Property Management			
5. Principal office address 2 Cox Court		City Bristol	State R.I.	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Edward J. Cox II		Contact Title Resident Agent			
Street Address SAME		City	State	Zip	
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 Edward J. Cox II		Manager Name			
Street Address 2 Cox Court		Street Address			
City Bristol	State R.I.	Zip 02809	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 EDWARD J. COX, II		Address			
Address 2 COX COURT		City BRISTOL		Zip 02809	

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

File Date 9-7-07
 Check No. 762
 By: MNC
 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.

Edward J. Cox II 8/28/07
 Signature of Authorized Person Date
Resident Agent
 Print or Type Name of Authorized Person