

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 negative fee of \$25.00

| (11.11.01.21) 70 00 (2022)) | is subject | to a penaity fee of \$25.00 | ·- | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------|-----------------|-------------------------------------------------------|----------------------|--|----------------------|--|--|--|
| 1. ID No. | 2. Exact | Exact name of the limited liability company | | | | | | | | |
| 132443 | ACCES | S AMERICA - EAST GREENWICH, LLC | | | | | | | | |
| 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which REAL ESTATE | | | | ch is actually conducted in Rhode Island | Ī | | | | | |
| 5. Principal office address 387 Main Street | | | | City East Greenwich | State RI | | <i>Zip</i> 0 2 8 1 8 | | | |
| 6. MAILING ADDRE Contact Name Ellen | | | OMPANY AND NAME | OR TITLE OF CONTACT PERSON. Contact Title Broker | | | | | | |
| Street Address same | as a | above | | City | State | | Zip | | | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY. COMPANY, IN APPLICABLE. DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENT. OF SON 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 Agent Name ELLEN M. BRADLEY | | | | require filling of Form 642 R.I.G.L. 7-16-11 Address | | | | | | |
| Address 132 NOOSENECK HILL ROAD | | | | City RICHMOND | 2ip 02898- | | | | | |

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

| - 1 - P.T. | 9 4 17 |
|------------|---------------------------------|
| File Date | 1910/ |
| Check No. | 12160 |
| Ву: | mno |
| By: | 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.

| Dela | m | Dear | lly | 9.7-0 | 7 (|
|----------------------|----------|------|-------|-------|-----|
| Signature of Authori | zed Pers | on | Place | | _ |
| Ellen | М | BRA | NLE | -X | |

Print or Type Name of Authorized Person