

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