



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. 152388		2. Exact name of the limited liability company Castillo Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE REAL PROPERTY, SELL, LEASE, MANAGE, ETC.			
5. Principal office address 32 Oak Avenue			City Hempstead	State NY	Zip 11550
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Christian R. Castillo			Contact Title Manager		
Street Address 32 Oak Avenue			City Hempstead	State NY	Zip 11550
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 Christain R. Castillo			Manager Name		
Street Address 32 Oak Avenue			Street Address		
City Hempstead	State NY	Zip 11550	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 ALFRED A. VELTRI, ESQ.			Address		
Address 331 BROADWAY			City PROVIDENCE	Zip 02909-	

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

File Date	<u>9-7-07</u>
Check No.	<u>947</u>
By:	<u>mmc</u>
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.

Castillo Properties, LLC

[Signature]
Signature of Authorized Person

9/5/07
Date

Christain R. Castillo-Manager

Print or Type Name of Authorized Person