

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence. RI 02904-2615 401.222.3040

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

2. (1) 3/2	3 (2			****				
1. ID No. 144349	l	Exact name of the limited liability company quality Park, LLC						
3. State of Formation RHODE ISLAND		4. Brief description of the REAL ESTATE MAI	character of the husiness whi NAGEMENT	ch is actually conducted in Rhode Island	d			
5. Principal office address 6. SUNNYSIDE PLACE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				NEWPORT OR TITLE OF CONTACT PERS	State R.	I.	O2840	
EVELYN	E.	SPIRATO	2S	Contact Title				
6 SUNNYSIDE PLACE				NEWPORT	R.1		02840	
7. NAME AND ADDE	tess of	EACH MANAGER O FILL IN SPACE	F THE LIMITED LIABI S BEFORE USING ATTA	LITY COMPANY, IF APPLICAB ACHMENTS ("X" BOX FOR ATT	LE - DO N ACHMENT)	OT LIST	MEMBERS	
Manager Name NONE				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		Ζίφ	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name EVELYN E. SPIRATOS				require filing of Form 642 - R.I.G.L. 7-16-11 Address				
Address 6 SUNNYSIDE PLACE				City NEWPORT		Zip 02840-		

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

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,
9-10-07	contained herein are true and correct.
File Date	July & Spiratos 9-7-07
Maria a	Signature of Authorized Person Date
By:	EVELYN E. SPIRATOS
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person