



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. 113062		2. Exact name of the limited liability company S-BNK Providence, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS COMMERCIAL REAL ESTATE			
5. Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Seravalli			Contact Title Manager		
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
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 John Seravalli			Manager Name		
Street Address 3234 Riverview Lane			Street Address		
City Daytona Beach	State Florida	Zip 32118	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 SUZANNE DUCHARME			Address		
Address 85 AVENUE B			City WOONSOCKET	Zip 02895-	

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 contained herein are true and correct.

John Seravalli 9-4-07
Signature of Authorized Person Date
John Seravalli
Print or Type Name of Authorized Person

File Date	<u>9-10-07</u>
Check No.	<u>18722</u>
By:	<u>mnc</u>
FOR SECRETARY OF STATE USE ONLY	