RI SOS Filing Number: 200700783900 Date: 09/10/2007 4:00 PM

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.	2. Exact name of the limited liability company
112215	Inglenook, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ACQUIRE, OWN, LEASE AND OR OTHERWISE DEAL WITH CERTAIN REAL ESTATE, INCLUDING WITHOUT LIMITATION, CERTAIN PROPERTY LOCATED OFF CARD'S POND ROAD, MATUNUCK, RI

5. Principal office address	City	State	Zip
66 INGLENOOK ROAD	WAKEFIELD	RI	02879

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ROBERT M. GARDNER	MANAGER

Street Address	City	State	Zip
280 BLUFF COURT	BARRINGTON	IL	60010

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) ☐

Manager Name	Street Address	City	State	Zip
ROBERT M. GARDNER	280 BLUFF COURT	BARRINGTON	IL	60010
DAVID R. GARDNER	216 PARK AVENUE	CRYSTAL LAKE	IL	60014

2007 SEP 10 PM 1:37

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
MARY LOUISE KENNEDY, ESQ.	EDWARDS ANGELL PALMER & DODGE LLP		
	2800 FINANCIAL PLAZA	PROVIDENCE	02903

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

[redacted] [redacted]

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.

Robert M. Gardner SEP 2, 2007
Signature of Authorized Person *Date*

[redacted]

ROBERT M. GARDNER, MANAGER
Print or Type Name of Authorized Person

File Date FILED
Check No. SEP 10 2007
By: By 1491
FOR SECRETARY OF STATE USE ONLY

13806-3-179639

Form 632 Rev. 07/07