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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
97236	Lee-Art LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	OWNERSHIP AND DEVELOPMENT OF REAL ESTATE

5. Principal office address	City	State	Zip
7 KIMBALL LANE	LYNNFIELD	MA	01940

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

Contact Name	Contact Title
SELWYN J. SHERMAN	ADMINISTRATOR

Street Address	City	State	Zip
8320 LAKE CYPRESS RD	LAKE WORTH	FL	33467

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
ARTHUR J. EPSTEIN	7 KIMBALL LANE	LYNNFIELD	MA	01940
ELIE RIVOLLIER, JR	19458 WATERS REACH LANE	BOCA RATON	FL	33434

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
CORPORATION SERVICE COMPANY		WARWICK	02888-

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

[redacted] [redacted]

File Date	FILED
Check No.	SEP 11 2007 662
By:	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.

Selwyn J. Sherman 9/7/07
Signature of Authorized Person *Date*

[redacted]

SELWYN J. SHERMAN
Print or Type Name of Authorized Person

Form 632 Rev. 07/07