

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 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.		Decre to a period, jee of \$25,00.						
135826	l .	name of the limited liability company						
	Tourie	Younes Realty, LLC						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND		REAL ESTATE						
5. Principal office address			Cuy	State		Zip		
2138 MENDON ROAD				CUMEBRLAND	RI		02864	
	SS OF L	MITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:		'	
Contact Name				Contact Title				
MARIA C. YOUNES				MEMBER				
Street Address				City	State		Zip	
2138 MENDON ROAD				CUMBERLAND	RI		02864	
7. NAME AND ADDI	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAI	I RIF. DO N	OT HET	I Membere	
		FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR AT	(ACHMENT)		MEMBERS	
Manager Name				Manager Name				
Street Address				Street Address				
				CIT COL TIMOTES				
City		State	Zip	i City	State		Zip	
•					State		\rangle \text{.ip}	
Manager Name				Manager Name				
				manager stante				
Street Address				Street Address				
City		State	Zip	Сйу	State		Ζip	
					Suare		7.tp	
8. RESIDENT AGENT	IN RHO	DDE ISLAND - DO N	OT ALTER - Changes	: require filing of Form 642 -	1 R.I.G.L. 7-1	6-11	·	
Agent Name				Address				
JOHN S. PETRONE								
Address				C'Uy'	Zip			
145 PHENIX AVENUE				CRANSTON	02920			
TO THE MIXING LINGE				CRANSTON		02320		

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

135826

	FILED				
File Date	SEP 12 2007				
Check No	By <u>6784</u>				
FOR SE	CRETARY 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.

Signature of Authorized Person

MARIA C. YOUNES

Print or Type Name of Authorized Person