

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

(A.I.O.L. 7-10-00 (DO	cc)) is subject to a penaity jee	uj \$25.00.				
1. ID No.	2. Exact name of the limi	2. Exact name of the limited liability company				
74699	FAIRGROUNDS RE	FAIRGROUNDS REALTY ASSOCIATES, LLC				
3. State of Formation			isiness which is actually conducted in Rhoo	de Island		
RHODE ISLAN	D REAL EST.	ATE PROPERTY RENTA	AL .			
5. Principal office ad	dress		City	State	Zip	
86 Hah Meaden Lane			Watereld	IRI	02879	
6. MAILING ADI	DRESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name	001		Contact Title			
Demany S. Curts			member			
Street Address	( ب ما		City	State R.J.	Zip	
86 High Meadon Lane			Wakeheld		02879	
7. NAME AND	ddress of each man		Charles - Control -		LIST MEMBERS	
	FILL IN	SPACES BEFORE USI	NG ATSACTIONN'TS (X SQX PC	SK ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Andrew Curtis						
Street Address			Street Address	Street Address		
80 High	<u> Illeagen Ka</u>	ne				
Wakefie	eld state RI	02879	City	State	Zip	
Manager Name			Manager Name		***************************************	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
PROPERT AT	ENT IN BUODE 181 AND		hanges require filing of Forms			
Agent Name	ENT IN SHADE ESTABLE	₹67. Ab., 30. A. 37.	Address	042 - Kildel 7-10-11		
BETHANY S. CUF	RTIS					
Address			City	Zip		
86 HIGH MEADOW LANE			į <sup>*</sup>	WAKEFIELD 02879		
					.013	

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

Q.12.47	Under penalty of perjury, I of including any accompanying contained herein are true an
File Date T T T U T	Bitalul
ву:КМ	Signature of Authorized Perso
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Author

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.

| Company | Compa