



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.

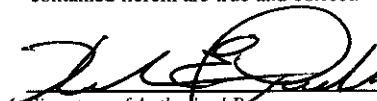
|                                                                                                                                                                                                               |             |                                                                                                                                                                               |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. ID No.<br>131690                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>Gansett Associates, LLC                                                                                                     |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>sale, development and management of commercial / residential real estate |              |
| 5. Principal office address<br>2915 Post Road                                                                                                                                                                 |             | City<br>Warwick                                                                                                                                                               | State<br>RI  |
|                                                                                                                                                                                                               |             | Zip<br>02886                                                                                                                                                                  |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                                                                               |              |
| Contact Name<br>Kirk E. Pickell                                                                                                                                                                               |             | Contact Title<br>Operating Manager                                                                                                                                            |              |
| Street Address<br>22 Morgan Drive                                                                                                                                                                             |             | City<br>Narragansett                                                                                                                                                          | State<br>RI  |
|                                                                                                                                                                                                               |             | Zip<br>02882                                                                                                                                                                  |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                                                                               |              |
| Manager Name<br>Kirk E. Pickell                                                                                                                                                                               |             | Manager Name                                                                                                                                                                  |              |
| Street Address<br>22 Morgan Drive                                                                                                                                                                             |             | Street Address                                                                                                                                                                |              |
| City<br>Narragansett                                                                                                                                                                                          | State<br>RI | Zip<br>02882                                                                                                                                                                  |              |
| Manager Name                                                                                                                                                                                                  |             | Manager Name                                                                                                                                                                  |              |
| Street Address                                                                                                                                                                                                |             | Street Address                                                                                                                                                                |              |
| 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<br>F. Moore McLaughlin, IV, Esquire                                                                                                                                                                |             | Address                                                                                                                                                                       |              |
| Address<br>32 Custom House Street, Suite 500                                                                                                                                                                  |             | City<br>Providence                                                                                                                                                            | Zip<br>02903 |

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

131690

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|---------------------------------|------|
| File Date                       | 9/13 |
| Check No.                       | 2549 |
| By:                             | MK   |
| 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.

  
Signature of Authorized Person  
Date 9/4/07  
Kirk E. Pickell  
Print or Type Name of Authorized Person