RI SOS Filing Number: 200700881110 Date: 09/13/2007 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
131690	Gansett Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	sale, development and management of commericial / residential real estate

5. Principal office address	City	State	Zip
2915 Post Road	Warwick	RI	02886

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

Contact Name	Contact Title
Kirk E. Pickell	Operating Manager

Street Address	City	State	Zip
22 Morgan Drive	Narragansett	RI	02882

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	Manager Name
Kirk E. Pickell	
Street Address	Street Address
22 Morgan Drive	
City / State / Zip: Narragansett / RI / 02882	City / State / Zip:
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip:	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	Address
F. Moore McLaughlin, IV, Esquire	
Address	City / Zip
32 Custom House Street, Suite 500	Providence / 02903

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

131690

[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.

Signature of Authorized Person *Date* 9/4/07

[redacted]

Kirk E. Pickell

Print or Type Name of Authorized Person

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

FOR SECRETARY OF STATE USE ONLY
13897-2-183000

Form 632 Rev. 07/07