



Office of the Secretary of State

115 W. KIPPE 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. <b>140781</b>		2. Exact name of the limited liability company <b>Cherry Hill on Silver Lake, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OPERATING A BED AND BREAKFAST</b>	
5. Principal office address <b>249 Woodruff Avenue</b>		City <b>South Kingstown</b>	State <b>RI</b>
		Zip <b>02879</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Frances M. Alexakos</b>		Contact Title <b>President</b>	
Street Address <b>249 Woodruff Avenue</b>		City <b>South Kingstown</b>	State <b>RI</b>
		Zip <b>02879</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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 <b>JAMES H. REILLY</b>		Address	
Address <b>146 WESTMINSTER STREET, SUITE 500</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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

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.

Frances M. Alexakos, PH.D. 9/10/07  
Signature of Authorized Person Date

**Frances M. Alexakos**  
Print or Type Name of Authorized Person

File Date <u>9/1/07</u>
Check No. <u>1268</u>
By: <u>MK</u>
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