

Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

		<u> </u>						
1. ID No. 112074		name of the limited liabilty company vood Commons Associates, 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				City	State		Zip	
109 AIRPORT ROAD, UNIT 8				WARWICK	RI		02886-	
6. MAILING ADDI	tess c	FLIMIT <b>ĖD</b> LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONTACT PERSON: Contact Title				
ROBERT E DEBLOIS, JR.				Operating Manager				
Street Address				City	State		Zip	
109 AIRPORT ROAD, UNIT 8				. WARWICK	RI		02886-	
7 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE!								
TILL A SPACES BEFORE USING ATTACHMENTS. ("X" HOXFOEATTACHMENT)								
ANY MODIFICATIONS TO MANAGERS REQUIRES FIL				ING OF AMENDMENT, R.I.G.I. 7-16-12 (a) (2) / 7-16-52				
Manager Name				• Manager Name				
Robert E. DeBlois, Jr.								
Street Address				Street Address				
109 AIRPORT ROAD, UNIT #8				· •				
City		State	Zip	•City	State		Zip	
Warwick		RI	02886	•			]	
Manager Name				Manager Name				
				D				
Street Address				• Street Address				
City		State	Zip	•City	State		Zip	
			_	•				
8. RESIDENT AGEN	TT IN R	HODE ISEAND 400 I	VOT ALTER- Changer	require filing of Form 6	42 - R.I.GL.	7-16-11	e <b>angran</b> ggreet	
Agent Name				Address				
F. MOORE MCLAUGHLIN, IV ESQ.				32 CUSTOM HOUSE STREET, SUITE 500				
Address				City	Zip			
				PROVIDENCE		02903-	02903-	

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



\*112074 DLLC 06/21/07 04:55:45 PM\* 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.
8/2/07
Signature of Authorized Person Date
Robert E. DeBlois
Print or Time Name of Authorized Person