



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><b>88459</b>   |                    | 2. Exact name of the limited liability company<br><b>Herodicus Initiative LLC</b>   |   |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>PROPERTY MANAGEMENT</b> |   |
| 5. Principal office address<br><b>100 Butler Drive</b>  |                    | City<br><b>Providence</b>   | State<br><b>RI</b><br>Zip<br><b>02906</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |   |   |
| Contact Name<br><b>Robert M. Shalvoy</b>  |                    | Contact Title<br><b>Manager</b>   |   |
| Street Address<br><b>100 Butler Drive</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b><br>Zip<br><b>02906</b> |
| 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><b>Robert M. Shalvoy</b>  |                    | Manager Name  |   |
| Street Address<br><b>100 Butler Drive</b>   |                    | Street Address  |   |
| City<br><b>Providence</b>   | State<br><b>RI</b> | City  | State<br>Zip                              |
| Manager Name  |                    | Manager Name  |   |
| Street Address  |                    | Street Address  |   |
| City  | State              | City  | State<br>Zip                              |
| Agent Name<br><b>JAMES F. MCALEER</b>   |                    | Address   |   |
| Address<br><b>30 KENNEDY PLAZA, SUITE 332</b>   |                    | City<br><b>PROVIDENCE</b>   | Zip<br><b>02903</b>                       |

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

**FILED**

File Date

Check No. **SEP 14 2007**

By: **116**

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

**Robert M. Shalvoy, Manager**

Print or Type Name of Authorized Person