

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.

L. ID No.		name of the limited liab					
99936		& O REALTY ASSOCIATES LLC					
3 State of Formation RHODE ISLAND			be character of the husiness wh	ich is actually conducted in Rhode Islan	ad		
5. Principal office address	B	OYD AV		E-PROVIDENCE	State R	Zip	2714
6. MAILING ADDRE Contact Name OSUPL			COMPANY AND NAME	Contact Title	_	ELT	
Contact Name OSUAL Street Address	5/) Me		City	State	Zip	
		EACH MANAGER	OF THE LIMITED LIAB ES BEFORE USING ATI	ILITY COMPANY, IF APPLICATION OF A CHMENTS ("X" BOX FOR AT		OT LIST ME	MBERS
Manager Name		_		Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
Manager Name	***********			Manager Name	••••••••		••••••••••
Street Address		_		Street Address	<u> </u>		
СПу		State	Zip	City	State	Zip	
8. RESIDENT AGENT Agent Name OSVALDO PIRRO	IN RHO	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 - Address	R.I.G.L. 7-1	6-11	
Address 10 BOYDE AVENUE				City EAST PROVIDENCE		Zip 02914-	

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

File Date _	FILED	
Check No	SEP 1 4 2007	
Ву:	By885	
FC	OR 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.

Print or Type Name of Authorized Person