



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. 151299		2. Exact name of the limited liability company Gull Crest Associates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate activities			
5. Principal office address 11 Graystone Way			City Southborough	State MA	Zip 01772
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Frederick C. Maynard II			Contact Title Co-Manager		
Street Address c/o K. Cook, 11 Graystone Way			City Southborough	State MA	Zip 01772
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 Frederick C. Maynard III			Manager Name James C. Maynard		
Street Address c/o K. Cook, 11 Graystone Way			Street Address c/o K. Cook, 11 Graystone Way		
City Southborough	State MA	Zip 01772	City Southborough	State MA	Zip 01772
Manager Name None			Manager Name None		
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 Adler Pollock & Sheehan P.C.			Address		
Address One Citizens Plaza, 8th Floor			City PROVIDENCE	Zip 02903	

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

151299

<b>FILED</b>	
File Date	SEP 21 2007
Check No.	287
By:	<i>[Signature]</i>
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]* 9/17/07  
Signature of Authorized Person Date  
Frederick C. Maynard III  
Print or Type Name of Authorized Person

2007 SEP 21 PM 12:07