



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. 147221		2. Exact name of the limited liability company 66 Long Street EGRN, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT	
5. Principal office address 80 Walnut Drive		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael S. Chennisi		Contact Title President	
Street Address 80 Walnut Drive		City E Greenwich	State RI
		Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Michael S. Chennisi		Manager Name	
Street Address 80 Walnut Dr.		Street Address	
City E. Greenwich	State RI	City	State
Zip 02818		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 MICHAEL CHENNISI		Address	
Address 82 WALNUT DRIVE		City EAST GREENWICH	Zip 02818

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

FILED

File Date **SEP 17 2007**
Check No. **By 3206**
By: _____

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.

Michael S. Chennisi 9/1/07
Signature of Authorized Person Date
Michael S Chennisi
Print or Type Name of Authorized Person