



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. 137095		2. Exact name of the limited liability company LYNN'S WAY, 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				
5. Principal office address 425 SANDS POND ROAD				City NEW SHOREHAM	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name SUZANN WALSH				Contact Title			
Street Address 29 SOUTH ATLANTIC STREET				City WARWICK	State RI	Zip 02886	
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) <input type="checkbox"/>							
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Manager Name				Manager Name			
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 KARENANN MCLOUGHLIN				Address			
Address 144 MEDWAY STREET				City PROVIDENCE	Zip 02906		

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

137095

File Date	FILED
Check No.	SEP 18 2007
By:	BY <u>402</u>
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.

Suzann Walsh 9/11/07
Signature of Authorized Person Date

Print or Type Name of Authorized Person