RI SOS Filing Number: 200701187860 Date: 10/11/2007 4:00 PM

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	2. Exact name of the limited liability company
124084	LINCOLN CENTER REAL ESTATE, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Real Estate

5. Principal office address	City	State	Zip
640 George Washington Highway	Lincoln	RI	02865

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Ralph Branca	

Street Address	City	State	Zip
640 George Washington Highway	Lincoln	RI	02865

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	Manager Name
Ralph Branca	
Street Address	Street Address
640 George Washington Highway	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
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	Address	
Robert M. Brady, Esq.	One Grove Avenue	
Address	City	Zip
	East Providence	02914

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

[redacted] 124084 [redacted]

FILED
File Date OCT 11 2007
Check No. By 037126 8:57
By:
FOR SECRETARY OF STATE USE ONLY

14506-6-182973

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.

Ralph Branca
Signature of Authorized Person *Date*

Ralph Branca, Managing Member
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07