



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<br>91978                                                                                                                                                                                             |             | 2. Exact name of the limited liability company<br>640 GWH, LLC                                                   |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Real Estate |              |
| 5. Principal office address<br>640 George Washington Highway                                                                                                                                                  |             | City<br>Lincoln                                                                                                  | State<br>RI  |
|                                                                                                                                                                                                               |             | Zip<br>02865                                                                                                     |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                  |              |
| Contact Name<br>Ralph Branca                                                                                                                                                                                  |             | Contact Title                                                                                                    |              |
| Street Address<br>640 George Washington Highway                                                                                                                                                               |             | City<br>Lincoln                                                                                                  | State<br>RI  |
|                                                                                                                                                                                                               |             | Zip<br>02865                                                                                                     |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                  |              |
| Manager Name<br>Ralph Branca                                                                                                                                                                                  |             | Manager Name                                                                                                     |              |
| Street Address<br>640 George Washington Highway                                                                                                                                                               |             | Street Address                                                                                                   |              |
| City<br>Lincoln                                                                                                                                                                                               | State<br>RI | City                                                                                                             | State        |
| Zip<br>02865                                                                                                                                                                                                  |             | 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<br>Robert M. Brady, Esq.                                                                                                                                                                           |             | Address<br>One Grove Avenue                                                                                      |              |
| Address                                                                                                                                                                                                       |             | City<br>East Providence                                                                                          | Zip<br>02914 |

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

91978

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | OCT 11 2007 |
| Check No.                       | By 039126   |
| By:                             | 8:57        |
| 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 of Authorized Person Date

Ralph Branca, Managing Member

Print or Type Name of Authorized Person