



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><b>153923</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>CVS 75235 RI, L.L.C.</b>                                                       |                     |
| 3. State of Formation<br><b>Delaware</b>                                                                                                                                                                      |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Real Estate Acquisition</b> |                     |
| 5. Principal office address<br><b>One CVS Drive</b>                                                                                                                                                           |       | City<br><b>Woonsocket</b>                                                                                                           | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |       | Zip<br><b>02895</b>                                                                                                                 |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                     |                     |
| Contact Name<br><b>Melanie K. Luker</b>                                                                                                                                                                       |       | Contact Title<br><b>Assistant Secretary</b>                                                                                         |                     |
| Street Address<br><b>One CVS Drive</b>                                                                                                                                                                        |       | City<br><b>Woonsocket</b>                                                                                                           | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |       | Zip<br><b>02895</b>                                                                                                                 |                     |
| 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                                                                                                                                                                                                  |       | Manager Name                                                                                                                        |                     |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                      |                     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                 | City                |
|                                                                                                                                                                                                               |       |                                                                                                                                     |                     |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                        |                     |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                      |                     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                 | City                |
|                                                                                                                                                                                                               |       |                                                                                                                                     |                     |
| 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><b>CT Corporation System</b>                                                                                                                                                                    |       | Address<br><b>10 Weybosset Street</b>                                                                                               |                     |
| Address                                                                                                                                                                                                       |       | City<br><b>Providence</b>                                                                                                           | Zip<br><b>02903</b> |

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

**FILED**

File Date **SEP 21 2007**  
Check No. **6057269**  
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.

Signature of Authorized Person

**9-13-07**  
Date

**Melanie K. Luker, Assistant Secretary**  
Print or Type Name of Authorized Person