A. Raiph Monts, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401,222.3040

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR | 2007 | Filing Period: September 1 - November 1 | Filing Fee: \$50.00

I. ID No 2. Exact name of the limited liabilty company 113440 NP Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND MANAGE REAL ESTATE RHODE ISLAND 5. Principal office address City State 41 BASSETT STREET PROVIDENCE RΙ 02903-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name *Contact Title MINDY WACHTENHEIM Street Address City State Zip41 BASSETT STREET . PROVIDENCE RI 02903-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address City State State ZipManager Name Manager Name Street Address Street Address City State City State 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 CARL I. FREEDMAN, ESQ. ONE PARK ROW, SUITE 300 Address Citv ZipPROVIDENCE 02903-

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



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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 berein are true and correct.

Signature of Authorized Person Date

Mindy Wachtenheim
Print or Type Name of Authorized Person

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