



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**

**THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

|                                                                                                                                                                                                                                                                                                                 |       |                                                                                                                                        |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. ID No.<br>140948                                                                                                                                                                                                                                                                                             |       | 2. Exact name of the limited liability company<br>NY389, 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>Own, lease and manage real estate |              |
| 5. Principal office address<br>41 Bassett Street                                                                                                                                                                                                                                                                |       | City<br>Providence                                                                                                                     | State<br>RI  |
|                                                                                                                                                                                                                                                                                                                 |       | Zip<br>02903                                                                                                                           |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                                                                                                                            |       |                                                                                                                                        |              |
| Contact Name<br>Gary Klein                                                                                                                                                                                                                                                                                      |       | Contact Title                                                                                                                          |              |
| Street Address<br>41 Bassett Street                                                                                                                                                                                                                                                                             |       | City<br>Providence                                                                                                                     | State<br>RI  |
|                                                                                                                                                                                                                                                                                                                 |       | Zip<br>02903                                                                                                                           |              |
| 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"/><br>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 | 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>Carl I. Freedman, Esq.                                                                                                                                                                                                                                                                            |       | Address                                                                                                                                |              |
| Address<br>One Park Row, Suite 300                                                                                                                                                                                                                                                                              |       | City<br>Providence                                                                                                                     | Zip<br>02903 |

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



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|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>SEP 19 2007</b> |
| By:                             | <b>1003</b>        |
| 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

Gary Klein

Print or Type Name of Authorized Person

Date

September 6, 2007