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
98209	Millcreek Limited Liability Company

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Massachusetts	own, lease, develop and/or manage real property

5. Principal office address	City	State	Zip
P.O. Box 690345, 1266 Furnace Brook Parkway	Quincy	MA	02269-0345

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

Contact Name	Contact Title
Louis J. Grossman	Manager

Street Address	City	State	Zip
P.O. Box 690345, 1266 Furnace Brook Parkway	Quincy	MA	02269-0345

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	Street Address	City	State	Zip
Louis J. Grossman	P.O. Box 690345, 1266 Furnace Brook Parkway	Quincy	MA	02269-0345
None				
None				

Manager Name	Street Address	City	State	Zip
None				
None				

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	City	Zip
Adler Pollock & Sheehan P.C.	One Citizens Plaza, 8th Floor	Providence	02903

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

SEP 24 PM 12:00

98209

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.

Louis J. Grossman 9/18/07
Signature of Authorized Person *Date*

Louis J. Grossman
Print or Type Name of Authorized Person

FILED
File Date SEP 24 2007
Check No. 325899
By: By mne
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07