

A. Ralph Mollis, Secretary of State
Corporations Division
138 W. River Street
Providence, RI 02904-2615
301-222-3040

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							
129660	Hewett Properties, LL0	• • •						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business whi			business which is actually conducted in	ı Rhode Island				
5. Principal office address 57			Morniel	State (2)	× 02339			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Bris. B. A.C.			ID NAME OR TITLE OF CONT	•				
Street Address Some about			City	State	Zip			
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)								
Street Address Some white			Manager Name	Munager Name				
Street Address Some white			Street Address	Street Address				
City	State	Zip	Сиу	State	Zip			
Manager Name	***************************************	***************************************	Manager Name	Munager Name				
Street Address			Street Address	Street Address				
Сиу	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes of Agent Name K. JOSEPH SHEKARCHI			Changes require filing of Fo					
Address 33 COLLEGE HILL ROAD, SUITE 15-E			City WARWICK		21p 02886-			

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

File Date	FILED
Check No	SEP 2 4 2007
Ву:	By mnc
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and neluding any accompanying schedules contained herein are true and correct.		
Ph.	9.20 07	
ignature of Authorized Person	Date	
BRIAN Brei		

Print or Type Name of Authorized Person