



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.

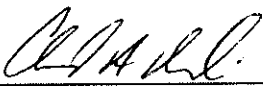
|                                                                                                                                                                                                               |       |                                                                                                                                                                 |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. ID No.<br><b>146994</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>CAV Capital, LLC</b>                                                                                       |                              |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>ACQUIRE, DEVELOP, OWN, OPERATE AND SELL REAL ESTATE</b> |                              |
| 5. Principal office address<br><b>100 PHEASANT DRIVE</b>                                                                                                                                                      |       | City<br><b>EAST GREENWICH</b>                                                                                                                                   | State<br><b>RHODE ISLAND</b> |
|                                                                                                                                                                                                               |       | Zip<br><b>02818</b>                                                                                                                                             |                              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                                 |                              |
| Contact Name<br><b>CHAD A. VERDI, as Trustee</b>                                                                                                                                                              |       | Contact Title<br><b>MEMBER</b>                                                                                                                                  |                              |
| Street Address<br><b>100 PHEASANT DRIVE</b>                                                                                                                                                                   |       | City<br><b>EAST GREENWICH</b>                                                                                                                                   | State<br><b>RHODE ISLAND</b> |
|                                                                                                                                                                                                               |       | Zip<br><b>02818</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>RICHARD L. GEMMA</b>                                                                                                                                                                         |       | Address<br><b>101 DYER STREET, SUITE 400</b>                                                                                                                    |                              |
| Address<br><b>MACADAMS &amp; WIECK INC.</b>                                                                                                                                                                   |       | 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).

146994

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>OCT 18 2007</b> |
| Check No.                       | <b>By 039781</b>   |
| 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.

 **9/24/07**  
Signature of Authorized Person Date  
**Chad A. Verdi, Trustee of Chad A. Verdi Revocable Trust**  
Print or Type Name of Authorized Person