RI SOS Filing Number: 200701395580 Date: 10/18/2007 4:00 PM

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
146994	CAV Capital, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	ACQUIRE, DEVELOP, OWN, OPERATE AND SELL REAL ESTATE

5. Principal office address	City	State	Zip
100 PHEASANT DRIVE	EAST GREENWICH	RHODE ISLAND	02818

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

Contact Name	Contact Title
CHAD A. VERDI, as Trustee	MEMBER

Street Address	City	State	Zip
100 PHEASANT DRIVE	EAST GREENWICH	RHODE ISLAND	02818

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
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

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
RICHARD L. GEMMA	101 DYER STREET, SUITE 400		
Address		City	Zip
MACADAMS & WIECK INC.		PROVIDENCE	02903-

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

146994

FILED
File Date OCT 18 2007
Check No. By 039781
By:
FOR SECRETARY OF STATE USE ONLY
14720-8-191994

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.

7/24/07
Signature of Authorized Person *Date*

Chad A. Verdi, Trustee of Chad A. Verdi Revocable Trust
Print or Type Name of Authorized Person

Form 632 Rev. 07/07