

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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,

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1. ID No.	i i	ct name of the limited liability company					
96370	687 W	Westminster L.L.C.					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which PROPERTY MANAGEMENT			ts actually conducted in Rhode Island				
5. Principal office address 681 West minster				Providence		Island	<sup>Zip</sup> 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Edwardw. Perry				or title of contact person:  Contact Title  Manager			
do Joseph I	territt	960.,Inc. 650	fanklin Ave	Hart ford	State		zip 06 11 Y
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 Edwardw Perry				Manager Name			
Street Address 40 Joseph Merritt G. Inc. 650 Franklin Ave				Street Address			
Hart ford		State	zφ 06114	City	State		Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name PETER J. FURNESS, ESQ.				require filing of Form 642 - R.I.G.L. 7-16-11  Address BRENNAN RECUPERO CASCIONE SCUNGIO			
Address 362 BROADWAY				PROVIDENCE Zip 02909-			

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

	Under penalty of perjury, I declare and including any accompanying schedules			
File Date FILED	contained herein are true and correct.			
Check No. SEP 2 4 2007	Signature of Authorized Person			
By:By568	Edward W. Pe			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

of perjury, I declare and affirm that I have examined this report, accompanying schedules and statements, and that all statements, in are true and correct