RI SOS Filing Number: 200701487690 Date: 10/18/2007 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company		
145089	MIDDLE PACK ENTERPRISES, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Rhode Island	Real Estate Holding		
5. Principal office address	**City**	**State**	**Zip**
2358 South County Trail	East Greenwich	RI	02818

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

Contact Name	Contact Title		
Allen B. Gammons Jr.	Manager		
Street Address	**City**	**State**	**Zip**
2358 South County Trail	East Greenwich	RI	02818

7. NAME AND ADDRESS OF EACH MANAGER OR, IF NOT MANAGER MANAGED, EACH MEMBER. (IF APPLICABLE ATTACH ADDITIONAL SHEETS IF MORE THAN TWO MANAGERS OR MEMBERS.) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-72 (a) (3) / 7-16-52

Manager Name	Manager Name
Allen B. Gammons JR	
Street Address	**Street Address**
2358 South County Trail	
City / State / Zip	**City / State / Zip**
East Greenwich / RI / 02818	
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. RESIDENT AGENT IN RHODE ISLAND (IF NOT A LIMITED LIABILITY COMPANY ORGANIZED UNDER CHAPTER 7-16 OF R.I.G.L. 7-16-72)

Agent Name	Address
Allen B. Gammons JR.	
Address	**City / Zip**
2358 South County Trail	East Greenwich / 02818

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

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.

10/16/07
Signature of Authorized Person *Date*

Allen B. Gammons JR
Print or Type Name of Authorized Person

FILED
File Date OCT 18 2007
Check No. By 039818
By:
FOR SECRETARY OF STATE USE ONLY

14791-26-192001

Form 632 Rev. 6/02