

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.

R.I.G.L. 7-16-66 (b			d liability company	<u></u>		
т 10 мь 124494		nowles Court Associates, LLC				
3. State of Formatio	17	4. Brief descriptic	in of the character of the busine	ess which is actually conducted in Rho	ide Island	
RHODE ISLA		CONDOMINI	UM MANAGEMENT	City.	State	Zip
5. Principal office address 716 East Shore Road				Jamestown	RI	02835
Contact Name		IMITED LIABI	LITY COMPANY AND N	IAME OR TITLE OF CONTAC	T PERSON:	
Richard P. Ea	innarino			City	State	Zip
street Address 716 East Shore Road				Jamestown	RI	02835
				TABILITY COMBANY IF AD	PLICARIE » DO NOT	T LIST MEMBERS
7. NAME AND	ADDRESS O	F EACH MANA	GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF AP	FOR ATTACHMENT)]
		FILL IN	SPACES BEFORE USING	•		
Manager Name				Manager Name		
Richard P. Ea	nnarino					
Street Address				Street Address		
716 East Sho	re Road				State	Zgr
Jamestown		State RI	02835	City	sitte	
Manager Name	****************			Manager Name		
Street Address	<u> </u>	<u> </u>		Street Address		
Gity		State	Zip	City	State	Zip
8. RESIDENT	AGENT IN R	 HODE ISLAND	 - DO NOT ALTER - Ch	anges require filing of For	m 642 - R.I.G.L. 7-16-	11
Agent Name				Address		
Sandra Matr	one Mack,	Secretary, H/	ASLAW, LLC	50 Kennedy Plaza		
Address				City	Zip	
Hinckley, Allen & Snyder LLP				Providence	ence 02903	

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

124494

	FILED		
File Date			
	OCT 0.5 2007		
Check No	112000		
By:	by 18/807		

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.

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Print or Type Name of Authorized Person