

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

AR 2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 20

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					
131062	250 Wampanoag Trail,					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the busine REAL ESTATE			which is actually conducted in Rhode Is	sland		
5. Principal office address 250 WAMPANOAG TRAIL II 103			RIVERS DE	State R. I	Zip ンと915 ⁻	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name ARR ARRA			ME OR TITLE OF CONTACT PERSON: Contact Title			
Street Address			Cily	State	Zip	
Street Address 250 WAMPANSAG TRAIL \$103			RIVERSIDE		029.5	
7. NAME AND ADD		ER OF THE LIMITED LL ACES BEFORE USING A	ABILITY COMPANY, IF APPLICATE ("X" BOX FOR		ST MEMBERS	
Manager Name			Manager Name			
JUHN J. DARSY						
Street Address			Street Address			
750 WAMPANDAE TRAIL \$103 City State Zip R WERSIDE R. I. 02915						
City	State	Zip	City	State	Zip	
	E 2.I,	02915				
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	СИу	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change Agent Name EDWARD E. DILLON, JR.			Address 747 VICTORY HIGHWAY			
Address P.O. BOX 119			City SLATERSVILLE	Zip 02876-	100 P	
					22	

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

FILED

File Date OCT 2 2 2007

Check No. 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.

Signature of Authorized Person Date

Print or Type Name of Authorized Person