



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. 94331		2. Exact name of the limited liability company LUCKY DOG REALTY, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT, DEVELOPMENT, MANAGEMENT, AND SALES		
5. Principal office address 4 Chamberlain Street		City Smithfield	State RI	Zip 02917
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Michael DiDomenico		Contact Title		
Street Address 4 Chamberlain Street		City Smithfield	State RI	Zip 02917
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) <input type="checkbox"/>				
Manager Name <i>Michael DiDomenico</i>		Manager Name		
Street Address <i>4 Chamberlain St (Opp)</i>		Street Address		
City <i>Smithfield</i>	State <i>RI</i>	Zip <i>02917</i>	City	State
Manager Name <i>[Signature]</i>		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name ALFRED G. THIBODEAU, ESQ.		Address		
Address 55 PINE STREET		City PROVIDENCE	Zip 02903	

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 affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/11/07
Signature of Authorized Person Date
Michael DiDomenico
Print or Type Name of Authorized Person

FILED
File Date
Check No. OCT 03 2007
By: By 237
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