



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. 119716		2. Exact name of the limited liability company DRAGONLINE LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, Developing, Leasing, Selling and Otherwise Dealing in Real Property and Other Related Business.			
5. Principal office address P.O.Box 548		City Jamestown	State RI	Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DUNCAN I.T. LAURIE		Contact Title MANAGER			
Street Address P.O.Box 548		City JAMESTOWN	State RI	Zip 02835	
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 DUNCAN I.T. LAURIE		Manager Name			
Street Address P.O.Box 548		Street Address			
City JAMESTOWN	State RI	Zip 02835	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 require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name HOLLY C. JANNEY		Address			
Address 10 Coronado Street		City JAMESTOWN	Zip 02835		

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

119716

FILED

File Date SEP 26 2007

Check No. 1489

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

DUNCAN I.T. LAURIE

Print or Type Name of Authorized Person