



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. 103130		2. Exact name of the limited liability company Rebarn Enterprises, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL MANAGEMENT			
5. Principal office address 40 Fareham Farms Rd (P.O. Box 13) ^{for mail}		City Hartland 4 Corners	State Vermont	Zip 05049	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert D. Stratton			Contact Title Managing Partner		
Street Address 40 Fareham Farms Rd (P.O. Box 13) ^{for mail}		City Hartland 4 Corners	State Vermont	Zip 05049	
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			Manager Name		
Street Address			Street Address		
City			City		
Manager Name			Manager Name		
Street Address			Street Address		
City			City		
State			State		
Zip			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 ROBERT D. STRATTON			Address LAKESIDE DRIVE		
Address P.O. BOX 1545			City BLOCK ISLAND	Zip 02807	

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.

Robert D. Stratton 10 September 2007
Signature of Authorized Person Date

Caralyn Stratton 10 September 2007
Print or Type Name of Authorized Person

FILED

File Date

SEP 26 2007

Check No.

By: **674**

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