



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. 119625		2. Exact name of the limited liability company Endurance Realty, LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own, operate, sell, finance and otherwise deal with real and personal property		
5. Principal office address 99 Power Street		City Providence	State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Michael W. Joukowsky		Contact Title Manager		
Street Address 99 Power Street		City Providence	State RI	Zip 02906
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) ☐				
Manager Name Michael W. Joukowsky		Manager Name None		
Street Address 99 Power Street		Street Address		
City Providence	State RI	Zip 02906	City	State
Manager Name None		Manager Name None		
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 Adler Pollock & Sheehan P.C.		Address		
Address One Citizens Plaza, 8th Floor		City PROVIDENCE	Zip 02903	

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

119625

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

Michael W. Joukowsky

Print or Type Name of Authorized Person

Date

SEP 26 2007 11:57

FILED	
File Date	SEP 26 2007
Check No.	By 16173
By:	
FOR SECRETARY OF STATE USE ONLY	