



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. <u>150039</u>		2. Exact name of the limited liability company <u>SHELTER SENIOR LIVING III, LLC</u>	
3. State of Formation <u>MD</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>REAL ESTATE HOLDING</u>	
5. Principal office address <u>218 N. CHARLES ST., SUITE 220</u>		City <u>BALTIMORE</u>	State <u>MD</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>RYAN LENOIR</u>		Contact Title <u>CORPORATE CONTROLLER</u>	Zip <u>21201</u>
Street Address <u>218 N. CHARLES ST., SUITE 220</u>		City <u>BALTIMORE</u>	State <u>MD</u>
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 <u>SHELTER DEVELOPMENT, LLC</u>		Manager Name	
Street Address <u>218 N. CHARLES ST., SUITE 220</u>		Street Address	
City <u>BALTIMORE</u>	State <u>MD</u>	City	State
Zip <u>21201</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 <u>CT CORPORATION SYSTEM</u>		Address	
Address <u>10 WEYBOSSET ST</u>		City <u>PROVIDENCE</u>	Zip <u>02903</u>

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

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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.

Scott Robuck 10/16/2007
Signature of Authorized Person Date

SCOTT ROBUEK
Print or Type Name of Authorized Person

File Date	FILED <u>NOV 01 2007</u>
Check No.	
By:	<u>BY [Signature] 611052</u>
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