

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.

135260 CB BROWNELL, LLC	1. ID No.	2. Exact	act name of the limited liability company					
RHODE ISLAND REAL ESTATE 5. Principal office address 220 SOUTH MAIN STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Table MICHAEL INTEGLIA, JR. Street Address City Manager Name Manager Name Manager Name Manager Name Street Address City State Street Address Street Address City State Street Address City State Zip Manager Name Street Address Street Address City State Zip Manager Name M	135260	Ī						
S. Principal office address 220 SOUTH MAIN STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL INTEGLIA, JR. Street Address 220 SOUTH MAIN STREET 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 Manager Name Manager Name Street Address Manager Name Manager Name Manager Name Manager Name Street Address Street Address Manager Name	3. State of Formation 4. Brief description of the character of the business whi			ch is actually conducted in Rhode	: Island			
220 SOUTH MAIN STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Title	1							
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Street Address 300 South Main St. City State Zip Manager Name Street Address Street Address Street Address 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 Michael Integlia, JR.			FILL IN SPACE	S BEFORE USING ATTA	CHMENTS ("X" BOX FOR	R ATTACHMENT)		
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MICHAEL INTEGLIA, JR.							6-11	
Address	, ¹⁷				Address			
Address Ctty 750								
\parallel	Address				City [*]		Zip	
220 SOUTH MAIN STREET PROVIDENCE 02903	220 SOUTH MAIN STREET				PROVIDENCE		02903	

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

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File Date	FILED				
Check No.	OCT 01 2007				
Ву:	By 5000				
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affir including any accompanying schedules and contained herein are true and correct.	m that I have examined this report statements, and that all statements.
Signature of Authorized Person	Date V 7
MICHAEL INTEGLIA, JR.	
Print or Type Name of Authorized Person	Form 632 Rev. 07/07