

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							
220 SOUTH MAIN STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  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  Manager Name  Street Address  3. Street Address  3. Street Address  3. Street Address  3. Street Address  Manager Name					City	State	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Contact Ti						·		
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  Michael Integria  Street Address  City  State  Street Address  Street Address  City  State  Street Address  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  State  Address  City  State  Zip  State  Address  City  State  Zip  State  Zip  State  Zip  State  Address  Michael Integlia, JR.	6. MAILING ADDRE	SS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERSON:			
Street Address  220 SOUTH MAIN STREET  PROVIDENCE  RI  02903  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)  Street Address  320 South Manager Name  Manager Name  Street Address  Street Address  State  State  Zip  Manager Name  Street Address  Manager Name  Street Address  Manager Name  Street Address  Manager Name	l · · · · · · · · · · · · · · · · · · ·				Contact Title			
220 SOUTH MAIN STREET  PROVIDENCE  RI  02903  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  City  State  Street Address  Street Address  Street Address  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  State  Zip  State  Zip  State  Zip  State  Address  Michael Integlia, JR.  Michael Integlia, JR.								
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  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  MICHAEL INTEGLIA, JR.	I			City	State	Zip		
Manager Name  Michael Integlia  Street Address  July  Manager Name  Street Address  City  State  Street Address  City  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  Manager Name	220 SOUTH MAIN STREET				PROVIDENCE	RI	02903	
Manager Name  Michael Integlia  Street Address  July  Manager Name  Street Address  City  State  Street Address  City  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  Manager Name	7. NAME AND ADDI	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLI	ICARIE - DO N	IOT HET MEMBERS	
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)		
Street Address  City State  State  Street Address  City State  Street Address  City State  Street Address  City State  Street Address  City State  Zip  City State  Zip  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.	Manager Name	Manager Name Michael Intellia				Manager Name		
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Agent Name  MICHAEL INTEGLIA, JR.  Address				1	•		·	
MICHAEL INTEGLIA, JR.							6-11	
Address	, <sup>17</sup>				Address			
Address Ctty 750								
$\parallel$	Address				City <sup>*</sup>		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).

135260

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