

A. Ralph Mollis, Secretary of State Corporations Division

2007

Corporations Division Pá8 W. River Street anidonas PLO2003-2645

Providence, RI 02904-2615 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR___

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&c₁) is subject to a penalty fee of \$25.00.

1. ID No.			ed liability company	<u> </u>		
85925		lestone Properties LLC				
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business we PURCHASING, SALE, MAINTENANCE AN			business which is actually conducted in ANCE AND MANAGEMENT OF RE	Rhode Island EALESTATE.		
5. Principal office address 356. Tive STREET			5	PROVIDEN	CE State K. T.	7.tp 6 3 76 3
6. MAILING AE	DRESS OF L	IMITED LIAB	ILITY COMPANY AI	ND NAME OR TITLE OF CONTA	ACT PERSON:	l .
Contact Name Teta	1163 C	PREIL	{/	Contact Title MEMBL	5 1 2	
Street Address 352 PINE STREET			Frev. DE	State XOC K. T.	CE CE	
7. NAME AND	ADDRESS OF	EACH MANA FILL IN	GER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF A	PPLICABLE - DO NOT LI	ST MEMBERS
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City		State	Zip	City	State	Zip
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	.	State	Zip	City	State	Zip
8. RESIDENT Ad Agent Name ANTHONY J. GIA			 - DO NOT ALTER - (Changes require filing of For	m 642 - R.I.G.L. 7-16-11	
Address 155 SOUTH MAIN STREET, SUITE 404			City PROVIDENCE	Zip 02903		

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

File Date	FILED
Check No	OCT 01 2007
Ву:	By 3795
FOR	SECRETARY OF STATE USE ONLY

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

Date /

Print or Type Name of Authorized Parson