



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. 149208		2. Exact name of the limited liability company BLACKSTONE VALLEY BUILDERS, LLC			
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE GENERAL SPECULATIVE HOME BUILDING BUSINESS.			
5. Principal office address 260 BLACKSTONE ST		City BLACKSTONE	State MA	Zip 01504-1362	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAUL D. SAVARD, JR.			Contact Title MEMBER		
Street Address 260 BLACKSTONE ST		City BLACKSTONE	State MA	Zip 01504-1362	
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 PAUL D. SAVARD, JR.			Manager Name MICHAEL B. SAVARD		
Street Address 260 BLACKSTONE ST			Street Address 13 FOREST AVE		
City BLACKSTONE	State MA	Zip 01504-1362	City PAWTUCKET	State RI	Zip 02860-3514
Manager Name			Manager Name		
Street Address			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 B. SAVARD			Address		
Address 13 FOREST AVE			City PAWTUCKET	Zip 02860-3514	

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

FILED
File Date _____
OCT 01 2007
Check No. _____
By: <u>1469</u> <i>[Signature]</i>
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]

9/14/07

Signature of Authorized Person

Date

PAUL D. SAVARD, JR.

Print or Type Name of Authorized Person