



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. <b>148783</b>		2. Exact name of the limited liability company <b>Mullen Street, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>CONSTRUCT AND SALE OF SINGLE FAMILY RESIDENCE</b>	
5. Principal office address <b>300 Front Street</b>		City <b>Lincoln</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Armando Tenreiro</b>		Contact Title <b>Manager</b>	Zip <b>02865</b>
Street Address <b>68 Rabbitt Hill Road</b>		City <b>Cumberland</b>	State <b>RI</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		City <b>Cumberland</b>	State <b>RI</b>
Manager Name <b>Armando Tenreiro</b>		City <b>Cumberland</b>	State <b>RI</b>
Street Address <b>68 Rabbitt Hill Road</b>		City <b>Cumberland</b>	State <b>RI</b>
City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>
Manager Name		Manager Name	
Street Address		Street Address	
City		City	
State		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 <b>GEORGE M. PRESCOTT, ESQ.</b>		Address	
Address <b>300 FRONT STREET</b>		City <b>LINCOLN</b>	Zip <b>02865-</b>

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

**FILED**

**OCT 31 2007**

By AMR  
8:33  
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SECRETARY OF STATE  
CORPORATIONS DIVISION

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.

Armando Tenreiro Manager 10-25-2007  
Signature of Authorized Person Date

**Armando Tenreiro** Manager

Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY