



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. 111053		2. Exact name of the limited liability company Wachovia Settlement Services, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Managed Real Estate Settlement Services	
5. Principal office address 301 S. College Street		City Charlotte	State NC
		Zip 28288	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Aprille Mitchell		Contact Title Vice President	
Street Address 301 S. College Street		City Charlotte	State NC
		Zip 28288	
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 N/A		Manager Name N/A	
Street Address		Street Address	
City	State	Zip	City
Manager Name N/A	Manager Name N/A		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Corporation Service Company		Address	
Address 222 Jefferson Boulevard, Suite 200		City Warwick	Zip 02888

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

111053

FILED

NOV 02 2007

By

Aprille M. Mitchell

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.

Aprille M. Mitchell

10/29/2007

Signature of Authorized Person

Date

Aprille M. Mitchell

Print or Type Name of Authorized Person

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