



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
115 W. River Street  
Providence, RI 02901-2615  
(401) 222-3010

## 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.

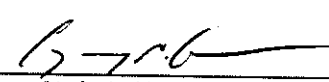
|                                                                                                                                                                                                               |       |                                                                                                                                     |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. ID No.<br><b>143701</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>LCB REAL ESTATE INVESTMENTS, LLC</b>                                           |                              |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Real estate acquisition</b> |                              |
| 5. Principal office address<br><b>6 Meghan Circle</b>                                                                                                                                                         |       | City<br><b>Greenville</b>                                                                                                           | State<br><b>Rhode Island</b> |
|                                                                                                                                                                                                               |       | Zip<br><b>02828</b>                                                                                                                 |                              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                     |                              |
| Contact Name<br><b>Gary N. Cardono</b>                                                                                                                                                                        |       | Contact Title<br><b>Member</b>                                                                                                      |                              |
| Street Address<br><b>6 Meghan Circle</b>                                                                                                                                                                      |       | City<br><b>Greenville</b>                                                                                                           | State<br><b>Rhode Island</b> |
|                                                                                                                                                                                                               |       | Zip<br><b>02828</b>                                                                                                                 |                              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                     |                              |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                        |                              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                      |                              |
| City                                                                                                                                                                                                          | State | City                                                                                                                                | State                        |
| Zip                                                                                                                                                                                                           |       | Zip                                                                                                                                 |                              |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                        |                              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                      |                              |
| City                                                                                                                                                                                                          | State | City                                                                                                                                | 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<br><b>Timothy F. Kane, Esquire</b>                                                                                                                                                                 |       | Address                                                                                                                             |                              |
| Address<br><b>627 Putnam Pike</b>                                                                                                                                                                             |       | City<br><b>Greenville, Rhode Island</b>                                                                                             | Zip<br><b>02828</b>          |

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

143701

|                                 |                         |
|---------------------------------|-------------------------|
| File Date                       | <b>FILED</b>            |
| Check No.                       | <b>NOV 02 2007 1230</b> |
| By:                             | <b>By KMC 041241</b>    |
| 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 **10-30-07**  
**Gary N. Cardono**  
Print or Type Name of Authorized Person