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.	2. Exact name of the limited liability company
143701	LCB REAL ESTATE INVESTMENTS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Real estate acquisition

5. Principal office address	City	State	Zip
6 Meghan Circle	Greenville	Rhode Island	02828

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Gary N. Cardono	Member

Street Address	City	State	Zip
6 Meghan Circle	Greenville	Rhode Island	02828

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) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State

2007 NOV -2 PM 12:30

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address		
Timothy F. Kane, Esquire			
Address	City		Zip
627 Putnam Pike	Greenville, Rhode Island		02828

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

143701

File Date	FILED
Check No.	NOV 0 2 2007 1230
By:	By KMC 041241

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*

Gary N. Cardono

Print or Type Name of Authorized Person

Form 632 Rev. 07/07