RI SOS Filing Number: 200702293290 Date: 11/02/2007 4:00 PM

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

AMENDED

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
121854	Cerce Group, 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 INVESTMENT

5. Principal office address	City	State	Zip
10 Dorrance Street, Suite 500	Providence	RI	02903

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

Contact Name	Contact Title
Gerald F. Cerce	

Street Address	City	State	Zip
10 Dorrance Street, Suite 500	Providence	RI	02903

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
Gerald F. Cerce	
Street Address	Street Address
10 Dorrance Street, Suite 500	
City / State / Zip	City / State / Zip
Providence / RI / 02903	
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	Address
Stephen J. Carlotti	50 Kennedy Plaza, Ste. 1500
Address	City / Zip
Hinckley, Allen & Snyder LLP	Providence / 02903

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

[redacted] 121854

FILED
NOV 02 2007
By

[redacted]

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.

10-01-07
Signature of Authorized Person *Date*

Gerald F. Cerce
Print or Type Name of Authorized Person

File Date 20-2
Check No.
By:
FOR SECRETARY OF STATE USE ONLY
15403-1-191866

Form 632 Rev. 07/07