



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 121854		2. Exact name of the limited liability company Cerce Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT	
5. Principal office address 10 Dorrance Street, Suite 500		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Gerald F. Cerce		Contact Title	
Street Address 10 Dorrance Street, Suite 500		City Providence	State RI
		Zip 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) <input type="checkbox"/>			
Manager Name Gerald F. Cerce		Manager Name	
Street Address 10 Dorrance Street, Suite 500		Street Address	
City Providence	State RI	Zip 02903	City Providence
Manager Name		Manager Name	
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 Stephen J. Carlotti		Address 50 Kennedy Plaza, Ste. 1500	
Address Hinckley, Allen & Snyder LLP		City Providence	Zip 02903

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

121854

FILED

NOV 02 2007

By: *[Signature]*

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] 10-01-07
Signature of Authorized Person Date

Gerald F. Cerce
Print or Type Name of Authorized Person

File Date: 10-01-07

Check No. _____

By: _____

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