

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 _____ 2

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.	O. Francist a							
		ct name of the limited liability company						
103178	JRO Re	alty, LLC						
3. State of Formation RHODE ISLAND			character of the business which IERSHIP/DEVELOPMEN	th is actually conducted in Rhode Island IT	!			
5. Principal office address 460 Taunton Avenue				City East Providence	State R	I	^{Zip} 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name James Ohanian				or title of contact person: Contact Title Member				
Street Address				City	State		Zip	
460 Taunton Avenue				East Providence	R	I	02914	
7. NAME AND ADDR	ESS OF			LITY COMPANY, IF APPLICABLE CHMENTS ("X" BOX FOR ATTALE Manager Name		OT LIST !	MEMBERS	
Street Address				Street Address				
City		State	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address			Street Address					
City		State	Zip	СИУ	State		Ζіф	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes a Agent Name EDWARD D. FELDSTEIN				require filing of Form 642 - R.I.G.L. 7-16-11 Address 10 Weybosset Street, 8th Floor				
Address 10 WEYBOSSET STREET, 8TH FLOOR				City PROVIDENCE	Ζιφ 02903			

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

File Date	FILED
Check No.	OCT 0 2 2007
Ву:	By 35719
	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

James Ohanian

Print or Type Name of Authorized Person