



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. 136389		2. Exact name of the limited liability company PJR, Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address PATRICK J REGAN		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PATRICK J REGAN		Contact Title PATRICK J REGAN CEO	
Street Address 70 ARGONNE ST		City JOHNSTON	State RI
		Zip 02919	
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 PATRICK J REGAN		Manager Name PATRICK J REGAN	
Street Address 70 ARGONNE ST		Street Address 70 ARGONNE ST	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Manager Name SAME AS ABOVE		Manager Name PATRICK J REGAN	
Street Address SAME AS ABOVE		Street Address 70 ARGONNE ST	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PATRICK J. REGAN		Address	
Address 70 ARGONNE STREET		City JOHNSTON	Zip 02919-

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

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.

 9/28/07
Signature of Authorized Person Date

PATRICK J REGAN
Print or Type Name of Authorized Person

FILED
File Date OCT 02 2007
Check No. 697
By: 697
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