



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) 222-3000

## 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.<br>120662                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>Park Avenue Management, LLC                                                                                                             |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Acquiring, Developing, Leasing, Mortgaging, Operating and Disposing of Real Property |              |
| 5. Principal office address<br>1288 Oaklawn Avenue                                                                                                                                                            |       | City<br>Cranston                                                                                                                                                                          | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02920                                                                                                                                                                              |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                                                           |              |
| Contact Name<br>Christopher D. DiFanti                                                                                                                                                                        |       | Contact Title                                                                                                                                                                             |              |
| Street Address<br>1288 Oaklawn Avenue                                                                                                                                                                         |       | City<br>Cranston                                                                                                                                                                          | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02920                                                                                                                                                                              |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                                                           |              |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                                                                              |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                                                                            |              |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                                                       | City         |
|                                                                                                                                                                                                               |       |                                                                                                                                                                                           | State        |
|                                                                                                                                                                                                               |       |                                                                                                                                                                                           | Zip          |
| 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<br>John S. DiBona, Esq.                                                                                                                                                                            |       | Address<br>145 Phenix Avenue                                                                                                                                                              |              |
| Address                                                                                                                                                                                                       |       | City<br>Cranston                                                                                                                                                                          | Zip<br>02920 |

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

120662

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | 2814               |
|                                 | OCT 03 2007        |
| By:                             | <i>[Signature]</i> |
| By: 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]*  
Signature of Authorized Person

9/28/07  
Date

Christopher D. DiFanti, Member

Print or Type Name of Authorized Person