

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.

(K.I.G.L. 7-10-00 (D&C))	is subject i	o a penany jee oj \$25.00	<i>)</i> .				
1. ID No.	2. Exact i	name of the limited liabili	ty company				
152622	MAL L.	.L.C.					
3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conducted in Rhode I	sland		
RHODE ISLAND		Real	estate				
5. Principal office addres 40 (idee br		Cranston	State 77 I	Zip 02421	
6. MAILING ADDRE	SS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT P	ERSON:	l	
Michelle A. Andrews				Contact Title Owner			
Michelle A. Andrews Street Address 40 Oukridge Dr			76	Crangton	State 12I	Zip 02921	
7. NAME AND ADD	RESS OF	EACH MANAGER O	F THE LIMITED LIARI	LITY COMPANY, IF APPLIC	CARLE - DO NO	TTIST MEMBEDS	
		FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR			
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Ζip	City	State	Zip	
8. RESIDENT AGENT Agent Name MICHELLE A. ANDRE		DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 64: Address	2 - R.I.G.L. 7-16-	·11	
Address 40 OAKRIDGE DRIVE				City CRANSTON		<i>≳ip</i> 02921-	

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 03 2007 10.31
Ву:	mne
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

Print or Type Name of Authorized Person