



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

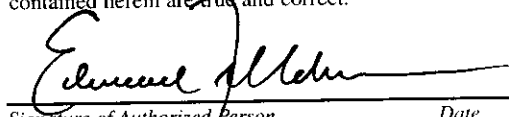
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 139779		2. Exact name of the limited liability company 1245 Properties, 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 206 Division Street		City West Greenwich	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Edward Feldmann		Contact Title Operating Manager	Zip 02818
Street Address 206 Division Street		City East Greenwich	State RI
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) ☐		Zip 02818	
Manager Name Edward Feldmann		Manager Name	
Street Address 206 Division Street		Street Address	
City East Greenwich	State RI	City	State
Zip 02818		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name RICHARD A. BOGUE, ESQ.		Address	
Address 50 EXCHANGE TERRACE, SUITE 320		City PROVIDENCE	Zip 02903-

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.


Signature of Authorized Person Date **9/30/07**

Edward Feldmann
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 09 2007
By:	4918
FOR SECRETARY OF STATE USE ONLY	