



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

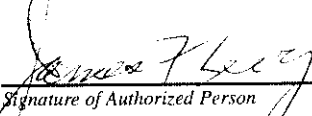
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 150222		2. Exact name of the limited liability company Newbury New England 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 activities			
5. Principal office address 3408 Woodland Avenue, Suite 305, c/o Newbury Development		City West Des Moines	State IA	Zip 50266	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James F. Levy		Contact Title Manager			
Street Address 3408 Woodland Avenue, Suite 305		City West Des Moines	State IA	Zip 50266	
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) ☐					
Manager Name James F. Levy		Manager Name None			
Street Address 3408 Woodland Avenue, Suite 305		Street Address			
City West Des Moines	State IA	Zip 50266	City	State	Zip
Manager Name None		Manager Name None			
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 Adler Pollock & Sheehan P.C.		Address			
Address One Citizens Plaza, 8th Floor		City PROVIDENCE	Zip 02903		

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

150222

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
James F. Levy
Date
9/27/07
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 09 2007
By:	2501
By: FOR SECRETARY OF STATE USE ONLY	