

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.

	ct name of the limited liabil				
140712 G	FRB, LLC	<u></u>			
3. State of Formation	4. Brief description of the	e character of the business whi	ch is actually conducted in Rhode Islan	ed	
RI	RESIDEN	TIAL Home	Building		
5. Principal office address			City WARWICK	State	Zip
460 WARWICK AVE			WARWICK	RI	03888
6. MAILING ADDRESS OF	LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:	1
Contact Name			Contact Title		
GEORGE K.	BOVILL		OWNER, MET	MBER	
Street Address	_	- <del>- **-</del>	City	State	Zip
185 GORMAN	Ave		OWNER, MET City WARRICK	R.T.	07886
7. NAME AND ADDRESS C	F EACH MANAGER (	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAL	BLE - <u>DO NOT LIST</u>	MEMBERS
	FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR AT	TACHMENT)	
Manager Name			Manager Name		
None			None		
Street Address			Street Address		
			* * •		
City	State	Zip	City	State	Zip
			•		
Manager Name	***********************		Manager Name	.1	
			* * *		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	1			
8. RESIDENT AGENT IN R	HODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-16-11	
	12		Address		
GEORGE R. Address 185 Gorena	Donic			-	2 1/2
Address	4	, ~	City	Zip	<b>3</b> 5 1
185 GORHAN	m Ave W	ARWICK 03886			<b>8</b>
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					TO (1)
				1	VIO COMP
	This report was h	a executed by on and	inad names number of the B. I. C. I	. 7.16.66.61 C	\
	inis report must b	e executea vy an author.	ized person pursuant to R.I.G.I	/-10-66 (b).	~ <b>(</b> }
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File Date	FILED				
Check No.	NOV 1 8 2007				
Ву:	By 041986				
FOR SI	ECRETARY 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

Date

Frint or Type Name of Authorized Person