



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. 146100		2. Exact name of the limited liability company Orsola, 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 ownership, development, leasing and activities related thereto and any other lawful purpose.			
5. Principal office address P.O. Box 41533		City Providence	State Rhode Island	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Orsola Angelino		Contact Title Manager			
Street Address P.O. Box 41533		City Providence	State Rhode Island	Zip 02904	
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 Orsola Angelino		Manager Name			
Street Address P.O. Box 41533		Street Address			
City Providence	State Rhode Island	Zip 02904	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 Michael S. Pezzullo, Esq.		Address			
Address 303 Jefferson Boulevard		City Warwick, Rhode Island		Zip 02888	

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

146100

FILED

File Date **OCT 11 2007**
Check No. **4049**
By **[Signature]**

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] 10/4/07
Signature of Authorized Person Date

Orsola Angelino, Manager

Print or Type Name of Authorized Person