



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.

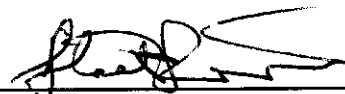
1. ID No. 135098		2. Exact name of the limited liability company 29 Summer Street Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Management of Real Estate			
5. Principal office address 60 Ober Road		City Newton	State MA	Zip 02459	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stuart Rothman		Contact Title Manager			
Street Address 60 Ober Road		City Newton	State MA	Zip 02459	
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 Stuart Rothman		Manager Name			
Street Address 60 Ober Road		Street Address			
City Newton	State MA	Zip 02459	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 Samuel A. Miller, Esq.		Address			
Address 1350 Division Road, Suite 102		City West Warwick	Zip 02893		

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

135098

File Date	FILED
Check No.	OCT 11 2007
By:	780
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
Date
9/30/07
Stuart Rothman
Print or Type Name of Authorized Person