

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence. RI 02904-2615

2007

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

State File Provided Provi	1. ID No.		•			, p. 1-method by then	
A first description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND RHOE ISLAND A Formation of the character of the business which is actually conducted in Rhode Island REAL ESTATE O 2885 A Principal office address A Parker Avenue Warren RI O 2885 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Member City Warren RI O 2885 A Barker Avenue City Warren RI O 2885 A Barker Avenue Name And Address FILL IN SPACES BEFORE USING ATTACHMENTS (X' 80X FOR ATTACHMENT) Manager Name Manager Na							
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A7 Barker Avenue Name And Address of Each Manager of the Limited Hability Company, if Applicable - Do Not List Members fill in Spaces before Using attachments (X Box For Attachment) Address Street Address D State EDWARD D. FELDSTEIN Address Liv PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE This report must be executed by an authorized person purposet of PROVIDENCE	Street Address				State	Zin	
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File Date	FILED
Check No.	OCT 1 1 2007
Ву:	By 5283
	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.

<u>Mark Lescault</u> Print or Type Name of Authorized Person