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.	2. Exact name of the limited liability company
112804	Conant Realty Co., LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	The purchase, restoration, maintenance and leasing of commercial real estate.

5. Principal office address	City	State	Zip
193 Amaral Street	East Providence	RI	02915

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Steven H. Chaffee	Manager

Street Address	City	State	Zip
193 Amaral Street	East Providence	RI	02915

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	Street Address	City	State	Zip
Steven H. Chaffee	193 Amaral Street	East Providence	RI	02915

Manager Name	Street Address	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	Address	City	Zip
Girard R. Visconti, Esquire	55 Dorrance Street	Providence	02903

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

112804

FILED
File Date OCT 12 2007
Check No. 1016
By
By:
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.

BY 9/25/07
Signature of Authorized Person *Date*

Steven H. Chaffee, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 07/07