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
152640	BEACON REALTY COMPANY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
825 NORTH MAIN STREET	PROVIDENCE	RI	02904

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

Contact Name	Contact Title
GABRIELA B. MASKO, M.D.	MANAGER

Street Address	City	State	Zip
825 NORTH MAIN STREET	PROVIDENCE	RI	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	Street Address	City	State	Zip
GABRIELA B. MASKO, M.D.	825 NORTH MAIN STREET	PROVIDENCE	RI	02904

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
CYNTHIA J. WARREN	56 EXCHANGE TERRACE	PROVIDENCE	02903

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

[redacted] 152640 [redacted]

FILED
File Date OCT 12 2007
Check No. 1670
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.

Signature of Authorized Person — *Date* 10/10/07

GABRIELA B. MASKO, M.D., MANAGER
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07