



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
401.222.3046

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. 80510		2. Exact name of the limited liability company Alchemie Properties, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Buy, develop, renovate, invest in and lease real estate			
5. Principal office address 839-C Ministerial Road			City Wakefield	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name E. David Corvese			Contact Title Manager		
Street Address 839-C Ministerial Road			City Wakefield	State RI	Zip 02879
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) <input type="checkbox"/>					
Manager Name E. David Corvese			Manager Name		
Street Address 839-C Ministerial Road			Street Address		
City Wakefield	State RI	Zip 02879	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 Robert C. Brun			Address		
Address 21 Surf Drive			City Bristol	Zip 02809	

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

80510

FILED
File Date OCT 12 2007
Check No. <u>4574</u>
By: <u>[Signature]</u>
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] 10-01-07
Signature of Authorized Person Date
E. David Corvese
Print or Type Name of Authorized Person