



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. 121844		2. Exact name of the limited liability company ROSEANN HALLADAY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE BUSINESS			
5. Principal office address 20 SULLIVAN LANE			City BRISTOL	State RHODE ISLAND	Zip 02809-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROSEANN HALLDAY			Contact Title MEMBER		
Street Address 20 SULLIVAN LANE			City BRISTOL	State RHODE ISLAND	Zip 02809-
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 RICHARD W. MACADAMS, ESQ.			Address 101 DYER STREET, SUITE 400		
Address MACADAMS & WIECK INCORPORATED			City PROVIDENCE	Zip 02903-	

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

121844

FILED	
File Date	OCT 12 2007
Check No.	
By:	By 2048
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.

Roseann Halladay
Signature of Authorized Person Date
Roseann Halladay
Print or Type Name of Authorized Person