



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. 116132		2. Exact name of the limited liability company Adam Crown, LLC			
3. State of Formation NEW HAMPSHIRE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address P.O. Box 3274		City Pawtucket	State RI	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Peter G. Shaheen			Contact Title		
Street Address 820A Turnpike Street		City North Andover	State MA	Zip 08145	
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			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 THOMAS HARRINGTON			Address		
Address 35 BAYBERRY HILL DRIVE		City CUMBERLAND	Zip 02864		

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

FILED

File Date

OCT 15 2007

Check No.

By: **5225**

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**

Peter G. Shaheen

Print or Type Name of Authorized Person