RI SOS Filing Number: 200702680360 Date: 10/15/2007 4:00 PM

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
149597	SEASIDE PROPERTIES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	FOR THE ACQUISITION, MAINTENANCE, RENTAL AND SALE OF REAL PROPERTY

5. Principal office address	City	State	Zip
549 BRANCH AVENUE	PROVIDENCE	RHODE ISLAND	02904

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

Contact Name	Contact Title
STEPHEN PULEO	PRESIDENT

Street Address	City	State	Zip
549 BRANCH AVE	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
KAREN M. PULEO AIELLO	1 KING PHILLIP ROAD	LINCOLN	RI	02865
CLAIRE D. PULEO	5 KING PHILLIP ROAD	LINCLON	RI	02865

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
STEPHEN PULEO			
549 BRANCH AVE		PROVIDENCE	02904

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

149597

File Date	FILED
Check No.	OCT 15 2007
By:	By

FOR SECRETARY OF STATE USE ONLY
15876-37-195194

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* 10-11-07

Karen Aiello
Print or Type Name of Authorized Person

Form 632 Rev. 07/07