



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. 154846		2. Exact name of the limited liability company 400 New River Road, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island invest real estate			
5. Principal office address P.O. Box 238			City Manville	State RI	Zip 02838
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Angelo Grilli			Contact Title Manager		
Street Address P.O. Box 238			City Manville	State RI	Zip 02838
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Angelo Grilli			Manager Name Joe Formicola		
Street Address 89 Indian Avenue			Street Address 89 Indian Avenue		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Manager Name Jerry A. Sahagian			Manager Name		
Street Address 89 Indian Avenue			Street Address		
City Portsmouth	State RI	Zip 02871	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 Angelo F. Grilli			Address		
Address 89 Indian Avenue			City Portsmouth	Zip 02871	

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

154846

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.

File Date	<b>FILED</b>
Check No.	<b>OCT 16 2007</b>
By:	<b>By 10811</b>
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person  
Date **10/14/07**  
**Angelo F. Grilli**  
Print or Type Name of Authorized Person