

A. Ralph Mollis, Secretary of State Corporations Division

2007

148 W. River Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

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. 116296		xact name of the limited liability company derson-Buttenbaum Real Estate Consultants, LLC								
3. State of Formation RHODE ISLAND	4. Brief description		siness which is actually conducted in Rho	ode Island		***				
5. Principal office addres 300 CENTERY	ILLE ROAD		City WARWICK	State RI	Ζ ψ 02886	_				
Contact Name RUSSELL AND		ITT COMPANY AND	NAME OF TITLE OF CONTACT Contact Title MEMBER	reason.	o Providine je verste					
2258 POST RO		no dia ma	City WARWICK	State RI	<i>Z</i> ф 02886					
Manager Name	ress of each manag fill in s	EE OF THE LIBETER PACES HEFORE USER	G ATTACRIMENTS ("> BOXE Manager Name	CHEAGE DO 1 OR APPACHMENT)	MOT LIST MEMBERS					
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Manager Name	······		Manager Name	Manager Name						
Street Address City			Street Address	Street Address						
·	State IN RHODE ISLAND	Zip	City	State	Zip					
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes Agent Name SANFORD J. RESNICK, ESQ.			Address SUMMIT WEST	Address						
Address 300 CENTERVILLE ROAD, SUITE 300			City WARWICK		<i>Z</i> ф 02886-					

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

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File Date		F		D		1
Check No.		OCT	1 7	2007		
By:			34	26		
	OR SPCRET	ARY OF S	TATE U	E 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

RIISSELI, ANDERSON

Print or Type Name of Authorized Person