

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	Exact name of the limited liability company						
155998	VIIS, L							
3. State of Formation		4. Brief description of the	character of the business wh	lch is actually conducted in Rhode Islan	s actually conducted in Rhode Island			
Rhode Island	To hold and benefit from certain investments in real property and to make such other investments							
5. Principal office address				Сиу	State	Zip		
24 Duck Cove Farm				North Kingstown	Ri	02852		
6. MAILING ADDRES	SS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:	[		
Contact Name				Contact Title				
Roland P. Cardi								
Street Address				City	State	Zip		
24 Duck Cove Farm				North Kingstown	RI	02852		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS								
		FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR AT	FACHMENT)	□		
Manager Name				Manager Name				
Roland P. Cardi								
Street Address				Street Address				
24 Duck Cove Farm								
City North Kingstown		State RI	<sup>Zip</sup> 02852	City	State	Zip		
		! X! • • • • • • • • • • • • • • • • • • •	02002					
Manager Name				Manager Name				
Const. A. L.I.								
Street Address				Street Address				
City	·	Car	I					
City		State	Zip	City	State	Zip		
8. RESIDENT AGENT	i IN RHC	DE ISLAND - DO N	  OT ATTER - Changes	require filing of Form 642 -				
Agent Name			.omich - Changes	Address	R.I.G.L. 7-1	0-11		
Mark G. Sylvia, Esquire				Salter McGowan Sylvia & Leonard, Inc.				
Address				City		Zip		
321 South Main Street, Suite 301				Providence		02903		
						<u> </u>		

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

155998

File Date	FILED					
Check No.	OCT 17 2007					
Ву:	By 161					
FOR SECRETARY OF STATE USE ONLY						

Under penalty of perjury, I declar including any accompanying sche contained herein are true and cor	are and affirm that I have examined this in the dules and statements, and that all states or rect.	report ments
	1/1/1/07	
Signature of Authorized Person	Date	
Roland P. Cardi	(	
Print or Type Name of Authorized	/ Paruan	