

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 (P. LC. L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

R.I.G.L. 7-10-00 (be	-							
1. ID No.		name of the limited liability company						
91913	PATTO	DN LAND CO., LLC						
3. State of Formation 4. Brief description of the character of the busine								
Rhode Island Acquisition and development of proper				operty				
5. Principal office address				City	State	Zip		
599 Arnold Road				Coventry	Rí	02816		
6. MAILING AD	DRESS OF L	MITED LIABII	ITY COMPANY AND	NAME OR TITLE OF CONT.	ACT PERSON:			
Contact Name				:	Contact Title			
John Ruzzo				Member				
Street Address				City	State	Zip		
599 Arnold Road				Coventry	R!	02816		
7 NAME AND	ADDRESS OF	EACH MANAC	ER OF THE LIMITE	D LIABILITY COMPANY, IF	APPLICABLE - <u>DO N</u> O	OT LIST MEMBERS		
7. MANUEL MINES	ALDADAMICO O.	FILL IN S	PACES BEFORE USI	NG ATTACHMENTS ("X" BC	X FOR ATTACHMENT)			
Manager Name				Manager Name	Manager Name			
n/a								
Street Address				Street Address	Street Address			
Olyter Places				:				
City		State	Zip	City	State -	Zip		
City								
Manager Name		.1		Manager Name		***************************************		
Street Address				Street Address	Street Address			
						-		
City		State	Zip	City	State	Zip		
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8. RESIDENT	AGENT IN RI	ODE ISLAND	DO NOT ALTER - C	Changes require filing of Fe	orm 642 - R.I.G.L. 7-1	6-11		
Agent Name				Address				
Bennett R. G	allo							
Address				City		Zip		
1070 Main Street				Coventry		02816		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

91913

	FILED				
File Date	OCT 18 2007				
Check No.	By /70				
By:FOR	R 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 Pers

John Ruzzo

Print or Type Name of Authorized Person