



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

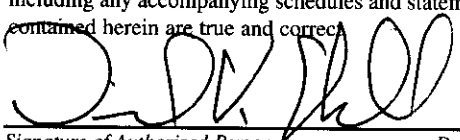
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 130256		2. Exact name of the limited liability company 100 HARRISON AVENUE NPT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, MANAGE, AND OR COMMERCIAL REAL ESTATE, AND TO ENGAGE IN ALL ACTIVITIES INCIDENTAL THERETO	
5. Principal office address 130 BELLEVUE AVENUE, UNIT 2		City NEWPORT	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RICHARD N. SAYER		Contact Title	
Street Address 130 BELLEVUE AVENUE, UNIT 2		City NEWPORT	State RI
		Zip 02840	
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) <input type="checkbox"/>			
Manager Name DAVID K. ELWELL, JR.		Manager Name CHRISTY N. ELWELL	
Street Address 100 HARRISON AVENUE		Street Address 100 HARRISON AVENUE	
City NEWPORT	State RI	Zip 02840	City NEWPORT
			State RI
			Zip 02840
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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 RICHARD N. SAYER		Address SAYER REGAN THAYER & FLANAGAN, LLP	
Address 130 BELLEVUE AVENUE		City NEWPORT	Zip 02840-

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

FILED	
File Date	OCT 18 2007
Check No.	
By	5410
FOR 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 Person Date **9-21-07**

David K. Elwell
Print or Type Name of Authorized Person