



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.<br><b>144368</b>                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br><b>290 Church Street, LLC</b>                                                 |                      |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE HOLDING</b> |                      |
| 5. Principal office address<br><b>115 Buena Vista Drive</b>                                                                                                                                          |       | City<br><b>North Kingstown</b>                                                                                                  | State<br><b>RI</b>   |
|                                                                                                                                                                                                      |       | Zip<br><b>02852</b>                                                                                                             |                      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                 |       |                                                                                                                                 |                      |
| Contact Name<br><b>James P. Tiernan</b>                                                                                                                                                              |       | Contact Title                                                                                                                   |                      |
| Street Address<br><b>115 Buena Vista Drive</b>                                                                                                                                                       |       | City<br><b>North Kingstown</b>                                                                                                  | State<br><b>RI</b>   |
|                                                                                                                                                                                                      |       | Zip<br><b>02852</b>                                                                                                             |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> |       |                                                                                                                                 |                      |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                                    |                      |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                                  |                      |
| City                                                                                                                                                                                                 | State | City                                                                                                                            | State                |
| Zip                                                                                                                                                                                                  |       | Zip                                                                                                                             |                      |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                                    |                      |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                                  |                      |
| City                                                                                                                                                                                                 | State | City                                                                                                                            | State                |
| Zip                                                                                                                                                                                                  |       | 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<br><b>EDWARD G. AVILA, ESQ.</b>                                                                                                                                                           |       | Address<br><b>10 Weybosset Street, 8th Floor</b>                                                                                |                      |
| Address<br><b>10 WEYBOSSET STREET, 8TH FLOOR</b>                                                                                                                                                     |       | City<br><b>PROVIDENCE</b>                                                                                                       | Zip<br><b>02903-</b> |

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

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 19 2007</b> |
| By:                             | <b>1062</b>        |
| 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 **9/30/07**  
**James P. Tiernan**  
Print or Type Name of Authorized Person