RI SOS Filing Number: 200702861570 Date: 10/22/2007 4:00 PM

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.	2. Exact name of the limited liability company
133230	Nepaug, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INVESTING IN REAL AND PERSONAL PROPERTY, PURCHASE MONEY MORTGAGES, FUNDING OF CERTAIN REAL ESTATE PROJECTS

5. Principal office address	City	State	Zip
9 Wyndcliff Drive	Saunderstown	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Gina Sahagian	

Street Address	City	State	Zip
9 Wyndcliff Drive	Saunderstown	RI	02852

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) ☐

Manager Name	Manager Name
Gina Sahagian	
Street Address	Street Address
9 Wyndcliff Drive	
City: Saunderstown; State: RI; Zip: 02852	City; State; Zip
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	Address
ROBERT A. RAGOSTA, ESQ.	
Address: 481 ATWOOD AVENUE	City: CRANSTON; Zip: 02920-

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

[redacted]

[redacted]

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.

Gina M. Sahagian 10/19/07
Signature of Authorized Person *Date*

Gina Sahagian
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. OCT 22 2007
By: By

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16148-5-197022

Form 632 Rev. 07/07