



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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. <u>143677</u>		2. Exact name of the limited liability company <u>Free Fall Partners, LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Investment Holding</u>	
5. Principal office address <u>93 Noyes Neck Road</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Andrew DiLoreto</u>		Contact Title <u>Manager</u>	
Street Address <u>160 Belden Hill Road</u>		City <u>Wilton</u>	State <u>CT</u>
		Zip <u>06897</u>	
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) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <u>Andrew DiLoreto</u>		Manager Name <u>Susan DiLoreto</u>	
Street Address <u>160 Belden Hill Road</u>		Street Address <u>160 Belden Hill Road</u>	
City <u>Wilton</u>	State <u>CT</u>	City <u>Wilton</u>	State <u>CT</u>
Zip <u>06897</u>		Zip <u>06897</u>	
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 <u>INCorp SERVICES, INC.</u>		Address <u>107 Danielson Pike</u>	
Address		City <u>North Scituate</u>	Zip <u>02857</u>

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

FILED	
File Date <u>OCT 22 2007</u>	
Check No. <u>By TBL</u>	
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] 10/18/07
Signature of Authorized Person Date

Michelle C. Murphy Per Greenberg & Co., Inc.
Print or Type Name of Authorized Person