

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. 146423 Ghanosa Apartments, LLC 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE 5. Principal office address 18 Morgan Court 6. MARLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name Daniel K. Asiedu Street Address City 18 Morgan Court Contact Title City 1 State 2 ip Annuager Name Manager Name Street Address Street Address Street Address City State Zip MEMBER Manager Name			
RHODE ISLAND REÂL ESTATE 5. Principal office address 18 Morgan Court 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TELL OF CONTACT PERSON: Contact Name Daniel K. Asiedu Street Address 18 Morgan Court 1. Lincoln RI 028 City 18 Morgan Court Lincoln RI 028 State Zip 18 Morgan Court Lincoln RI 028 State Street Address Manager Name Street Address Street Address			
18 Morgan Court 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF THILF OF CONTACT PRESON: Contact Name Daniel K. Asiedu Street Address City Lincoln RI 028 City State Zip 18 Morgan Court Lincoln RI 028 MEMRI Manager Name Manager Name Street Address Street Address			
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18 Morgan Court 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY FOUNDAMENT Manager Name Manager Name Street Address Street Address			
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 . R.I.G.L. 7-16-11 Agent Name JOHN V. MCGREEN, ESQ.			
Address City CRANSTON Zip CRANSTON 02920-			

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

File Date	FILED	A. Coxider
Check No	OCT 28 2007	
<i>В</i> у: Ву	PR SECRETARY OF STATE USE ONL	<u> </u>

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

Daniel K. Asiedu

Print or Type Name of Authorized Person