

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

Providence, RI 02904-2615 401.222.3040

**AR** 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.

	c)) is subject to a penalty fee of \$25.00.					
	2. Exact name of the limited liability company 160 TAUNTON AVENUE, LLC					
3. State of Formation	4. Brief description	of the character of the business	which is actually conducted in Rho	ode Island		
RHODE ISLAND	Real Es	tate holdings				
5. Principal office address			City	State	Zip	
999 SOUTH BROADWAY			EAST PROVI	DENCE RI	02914	
6. MAILING ADDRESS	OF LIMITED LIABIL	ITY COMPANY AND NAI	ME OR TITLE OF CONTACT		02311	
Contact Name			Contact Title			
NICHOLAS BARRETT			MANAGER			
Street Address	Street Address		City	State	Zip	
999 SOUTH	BROADWAY		EAST PROVI	DENCE RI	02914	
7. NAME AND ADDRE	SS OF BACH MANAG	PR OF THE TIME ON THE	BILITY COMPANY, IF API	1	I Trom sensence	
ge with	FILL IN SI	ACES BEFORE USING A	TTACHMENTS ("X" BOX F	CHATTACHMENT)	TIST WEWBERS	
Manager Name	** .	The second second	Manager Name			
NICHOLAS B	ARRETT		Manager Name			
Street Address			Carron & d.d.f.			
999 SOUTH BROADWAY			Sireei Adaress	Street Address		
City	State	Zip	City			
EAST PROVI	i	02914	City	State		
Manager Name 02514			37		: S	
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Street Address			Street Address		<u> </u>	
			Street Address		P	
City	State	Zip	City			
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8. RESIDENT AGENT I	N RHODE ISLAND	DO NOT ALTER - Chang	: es require filling of Form	642 - RIGI 7-16:	<u>හ </u> < * ශ	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change Agent Name			Address			
NICHOLAS BARRETT					66	
Address			City			
999 SOUTH BROADWAY			EAST PROVIDENCE		02914	
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date		
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Under penalty of perjur	y, I declare and affirm th	at I have examined this report
including any accompa-	nying schedules and state	ments, and that all statements
ontained herein are tr	and correct.	,
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N N X X .	V(N,M)	8/27/07

Date

Signature of Authorized Person NICHOLAS BARRET'I

Print or Type Name of Authorized Person