



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

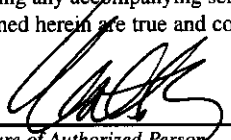
**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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>158600</b>                                                                                                                                                                                  |       | 2. Exact name of the limited liability company<br><b>Mabel Apartments, 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>To own and operate apartments in Pawtucket, RI</b> |                      |                     |     |
| 5. Principal office address<br><b>85 Douglas Pike</b>                                                                                                                                                       |       | City<br><b>Smithfield</b>                                                                                                                                  | State<br><b>RI</b>   | Zip<br><b>02917</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                        |       |                                                                                                                                                            |                      |                     |     |
| Contact Name<br><b>William R. Thornley</b>                                                                                                                                                                  |       | Contact Title<br><b>President of Member</b>                                                                                                                |                      |                     |     |
| Street Address<br><b>85 Douglas Pike</b>                                                                                                                                                                    |       | City<br><b>Smithfield</b>                                                                                                                                  | State<br><b>RI</b>   | Zip<br><b>02917</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> |       |                                                                                                                                                            |                      |                     |     |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                                                                               |                      |                     |     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                                                                             |                      |                     |     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                                                        | 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<br><b>JAMES A. O'LEARY, ESQ.</b>                                                                                                                                                                 |       | Address                                                                                                                                                    |                      |                     |     |
| Address<br><b>9 MARK FORE DRIVE</b>                                                                                                                                                                         |       | City<br><b>WEST WARWICK</b>                                                                                                                                | Zip<br><b>02893-</b> |                     |     |

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

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  
10/11/2007  
Date

**William R. Thornley**  
Print or Type Name of Authorized Person

|                                 |                           |
|---------------------------------|---------------------------|
| <b>FILED</b>                    |                           |
| File Date                       | <b>OCT 23 2007 241649</b> |
| Check No.                       |                           |
| By: <b>JK</b>                   |                           |
| FOR SECRETARY OF STATE USE ONLY |                           |