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		
158600	Mabel Apartments, LLC		
3. State of Formation: RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island: To own and operate apartments in Pawtucket, RI		
5. Principal office address: 85 Douglas Pike	City: Smithfield	State: RI	Zip: 02917

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

Contact Name	Contact Title		
William R. Thornley	President of Member		
Street Address: 85 Douglas Pike	City: Smithfield	State: RI	Zip: 02917

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		
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	Address		
JAMES A. O'LEARY, ESQ.			
Address: 9 MARK FORE DRIVE	City: WEST WARWICK	Zip: 02893-	

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.

Signature of Authorized Person — *Date*: 10/11/2007

[redacted] William R. Thornley
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 23 2007 241649
By:	By MK

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07