RI SOS Filing Number: 200702880670 Date: 10/23/2007 4:00 PM

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
000154865	SHEAHAN'S WAY LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	REAL ESTATE MANAGEMENT

5. Principal office address	City	State	Zip
8 CLINTON AVE	JAMESTOWN	RI	02835

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

Contact Name	Contact Title
CHARLES A SHEAHAN	MANAGER

Street Address	City	State	Zip
8 CLINTON AVE	JAMESTOWN	RI	02835

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	Street Address	City	State	Zip
CHARLES A SHEAHAN	8 CLINTON AVE	JAMESTOWN	RI	02835
GAIL M SHEAHAN	8 CLINTON AVE	JAMESTOWN	RI	02835

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	City	Zip
DALE D MILLER	1130 TEN ROD ROAD SUITE F103	NO KINGSTOWN RI	02852

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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* 10/23/07

[redacted] CHARLES A SHEAHAN

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 23 2007
By:	By 5478

FOR SECRETARY OF STATE USE ONLY

16160-17-197672

Form 632 Rev. 07/07