

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence RI 02904-2615

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.

I. ID No.	2. Exact name of the limited liability company						
158707	AKB Realty, LLC						
3. State of Formation RHODE ISLAND	4. Brief description o	f the character of the husiness u	hich is actually conducted in Rhode Is L M 79 Ma	in Rd			
5. Principal office address  G Mail R C  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			City	State	21p 62878		
KUN BHOM			Contact Person:  Contact Pile  Contact Person:				
Street Address 79 Main RD			TUCHON	State	02878		
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)							
Managor Name AU'M BUTCHO			Manage Name DUCG	Botelh	0		
Street Address St Fish RD			Street Address 84 Fish P				
Tivesta	1 State	zip 6 0878	City TWHON	State RI	Zip 026 75		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGEN Agent Name	NT IN RHODE ISLAND - DO	O NOT ALTER - Change	s require filing of Form 642	2 - R.I.G.L. 7-16	5-11		
KEVIN D. BOTELHO							
Address 84 FISH ROAD			City TIVERTON				

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

File Date	FILED		
Check No	OCT 23 2007		
Ву:	By 335		
FOR SI	SCRETARY OF STATE USE ONLY		

		•	ffirm that I have examined this report and statements, and that all statements
ontained herein			
Vane	0	to Olo	10/00/07

Signature of Authorized Person Date

Revin 15 HMU
Print or Type Name of Authorized Person