



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
118 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. 155310		2. Exact name of the limited liability company 12-14 ALDRICH TERRACE CONDOMINIUM ASSOCIATION, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Condominium Association	
5. Principal office address 12 Aldrich Terrace		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jeffrey Zaidman		Contact Title N/A	
Street Address 12 Aldrich Terrace		City Providence	State RI
		Zip 02906	
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 Jeffrey Zaidman		Manager Name Thomas Tomlinson	
Street Address 12 Aldrich Terrace		Street Address 14 Aldrich Terrace	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Manager Name Amanda Zaidman		Manager Name	
Street Address 12 Aldrich Terrace		Street Address	
City Providence	State RI	City	State
Zip 02906		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 BETH DRURY-TANOUS		Address	
Address 931 JEFFERSON BOULEVARD, SUITE 2004		City WARWICK	Zip 02886-

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

FILED

File Date **OCT 23 2007**
Check No. _____
By **297**

FOR SECRETARY OF STATE USE ONLY

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 **Jeffrey S. Zaidman** Date **10/21/2007**
Print or Type Name of Authorized Person **Jeffrey S. Zaidman**