

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					
14 <u>8548</u>	Preston Properties	on Properties LLC				
3. State of Formation			business which is actually conducted in Ri	bode Island		
RHODE ISLAND	RENTAL	PROPERTY MANAGEM	ENT			
5. Principal office address			City	State \(\sqrt{\chi}\)	Zip ~ ~	
121 WARRINGTON ST			1 4401			
6. MAILING ADDRES	S OF LIMITED LIA	BILITY COMPANY AN	ID NAME OR TITLE OF CONTAC	CT PERSON:		
Conjuct Name	VIE PR	アカット	Contact Title	.000		
- 1	TIC TIC	$\frac{CO100}{CO}$	MILI	MUMBER		
Street Address			City	State	Zip ~ C	
121 WARRINGTON ST			Tricv		100107	
7. NAME AND ADDR	ESS OF EACH MAN	NAGER OF THE LIMIT	ED LIABILITY COMPANY, IF AF	PLICABLE - DO NOT 11	ST MEMRERS	
	FILL II	N SPACES BEFORE US	ING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)	51 MLMBLRS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
СИУ	State	Zip	City	State	Zip	
Manager Name			: Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	СЦу	State	Zip	
0 negentary			<u>:</u>			
8. RESIDENT AGENT Agent Name	IN KHODE ISLAN	D - DO NOT ALTER - 0	Changes require filing of Forn	n 642 - R.I.G.L. 7-16-11		
•			Address			
STEPHANIE O. PREST	ON				•	
Address			Cuy	Zip		
121 WARRINGTON STREET			PROVIDENCE	02907		
					<u> </u>	

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 including any accompanying schedules and statem
File Date FILED	contained herein are trace and correct.
Check NoOCT 2 3 2007	Signifure of Authorized Person Dat
ByBy	Stephanie Presta
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

I have examined this report, ents, and that all statements,