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
000155156	Quaker Warwick Realty, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Massachusetts	Owning and managing the premises at 337 Cowesett Avenue, West Warwick, Rhode Island

5. Principal office address	City	State	Zip
95 Freeport St	Boston	MA	02122

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

Contact Name	Contact Title
William A Hearn	C.E.O

Street Address	City	State	Zip
95 Freeport St	Boston	MA	02122

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
QWR Management, LLC	
Street Address	Street Address
95 Freeport St	
City / State / Zip	City / State / Zip
Boston / MA / 02122	
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	
Registered Agent Solutions, INC		
Address	City	Zip
222 Jefferson Boulevard, Suite 200	Warwick	02888

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

000155156

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* 10/15/07

Print or Type Name of Authorized Person

File Date _____
Check No. FILED
By: OCT 24 2007 MR
FOR SECRETARY OF STATE USE ONLY
By 1726

Form 632 Rev. 07/07