



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
401.222.3046

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. 76776		2. Exact name of the limited liability company Benefit/Barbara, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO BUY, SELL, OWN, LEASE, OPERATE, INVEST AND MANAGE REAL ESTATE PROPERTIES			
5. Principal office address C/O NEW ENGLAND PARKING CO, 10 WEYBOSSET ST.		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES J. SKEFFINGTON		Contact Title MANAGER			
Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI	Zip 02903	
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 JAMES J. SKEFFINGTON		Manager Name			
Street Address 2800 FINANCIAL PLAZA		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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 DEMING SHERMAN, ESQ.		Address C/O EDWARDS ANGELL PALMER & DODGE LLP			
Address 2800 FINANCIAL PLAZA		City PROVIDENCE		Zip 02903	

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 24 2007
By:	By 4070
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.

James J. Skeffington
Signature of Authorized Person
Date *10/9/07*
JAMES J. SKEFFINGTON, MANAGER
Print or Type Name of Authorized Person