

A. Ralph Mollis, Secretary of State
Corporations Division
1-48 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	Exact name of the limited liability company					
87363	Prevo	o Realty, LLC					
3. State of Formation  RHODE ISLAND  4. Brief description of the character of the bus  OWNERSHIP OF REAL ESTATE				business which is actually conducted in	Rhode Island		
5. Principal office address			City	State	Zip		
28 Oyster P 6. MAILING ADDR	oint ESS OF L	IMITED LIABII	ITY COMPANY AN	Warren ID NAME OR TITLE OF CONTA	RI ACT PERSON:	02885	
Contact Name				Contact Title			
Peter P. Previdi				President	President		
Street Address			City	State	Zip		
28 Oyster Point				Warren	RI	02885	
7. NAME AND ADI	ORESS OF			ED LIABILITY COMPANY, IF A ING ATTACHMENTS ('X" BOX	PPLICABLE - <u>DO N</u> O	OT LIST MEMBERS  □	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
СИу		State	Zip	City	State	Zip	
Manager Name			••••••	Manager Name	•••••••	······	
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip	
8. RESIDENT AGE! Agent Name	NT IN RH	ODE ISLAND -	DO NOT ALTER -	: Changes require filing of For Address	m 642 - R.I.G.L. 7-16	i-11	
ROBERT J. DUMOU	CHEL						
Address				City	ity Zip		
76 WESTMINSTER STREET, SUITE 1150				PROVIDENCE			

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

	FILED
File Date	OCT 24 2007
Check No	
Ву:	
	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 Assistant Secretary

Date

10/23/2007

Robert J. Dumouchel

Print or Type Name of Authorized Person