



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. 159836	2. Exact name of the limited liability company 158 VEAZIE STREET, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island. Real estate		
5. Principal office address 2227 US Hwy #1 Suite 268		City North Brunswick	State NJ
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Ron Seamon		Contact Title Pres	Zip 08902
Street Address 11 2227 US Hwy #1 Suite 268		City North Brunswick	State NJ
Zip 08902		Zip 08902	
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	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	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 CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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

FILED	
File Date	OCT 26 2007
Check No.	30118
By:	By 30118
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

Date

Print or Type Name of Authorized Person