RI SOS Filing Number: 200702956690 Date: 10/26/2007 4:00 PM

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 (a), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law [illegible] 7-16-66 (b) & (c)) is subject to a penalty fee of $25.00.

1. Domestic ID	2. Exact name of the limited liability company
124511	Harrisville Village, LLC

3. State of Formation	4. Brief [illegible] of the business which is actually conducted in Rhode Island
RHODE ISLAND	ACQUISITION AND DEVELOPMENT OF REAL ESTATE

5. Principal office address	City	State	Zip
125 KING TOM DRIVE	CHARLESTOWN	RI	02813

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

Contact Name	Contact Title
MARK BARD	

Street Address	City	State	Zip
125 KING TOM DRIVE	CHARLESTOWN	RI	02813

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
N/A	N/A
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name: N/A	Manager Name: N/A
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	
ANDREW M. TEITZ, ESQ.	2 WILLIAMS STREET	
Address	City	Zip
	PROVIDENCE	02903

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

[redacted]

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.

Victor Beviacqua 10/26/07
Signature of Authorized Person *Date*

Victor Beviacqua
Print or Type Name of Authorized Person

[redacted]

FILED
File Date OCT 26 2007
Check No.
By By

FOR SECRETARY OF STATE USE ONLY

16171-72-198878

Form 632 Rev. 07/07

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