

A. Ralph Mollis, Secretary of State Corporations Division

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.

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1. ID No. 149557	1	2. Exact name of the limited liability company Changes England Agents 11.C								
	Chapr	Chapman Enstone Estate Agents, LLC								
3. State of Formation 4. Brief description of the character of the business t			character of the business whi	rich is actually conducted in Rhode Island						
RI Real Estate Agents										
5. Principal office address				City		State	•	Zip		
8 Freebody St.				Newport		RI		02840		
6. MAILING ADDRI Contact Name David Enstone	ESS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTA	ACT PERSO	ON:		•		
Street Address				Glty		State		Zip		
8 Freebody St.		Newport		RI		02840				
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABI FILL IN SPACES BEFORE USING ATTA Manager Name				ACHMENTS ("X" BOX FOR ATTACHMENT)						
Street Address			Street Address							
Clty		State	Zip	City		State		Zip		
Manager Name				Manager Name						
Street Address			Street Address							
City		State	Zip	City		State		Zip		
8. RESIDENT AGEN Agent Name Brian G. Bardorf,		, ODE ISLAND - DO N	OT ALTER - Changes	require filing of For	rm 642 - I	R.I.G.L. 7-1	6-11	•		
Address				City	ity Zip		Zip)		
36 Washington Square				Newport	ewport 02840					

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

149557

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File Date	OCT 2 6 2007	4.40
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F	OR SECRETARY OF STATE USE ON	LY

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

Print or Type Name of Authorized Person