

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 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

1. ID No.	-	name of the limited liability company					
96100	CaEm	m Realty, LLC					
3. State of Formation		4. Brief description	n of the character of the hi	isiness which is actually conducted in	Rhode Island		
RHODE ISLAND To acquire, own, hold, improve, mana			anage and operate real estate	ige and operate real estate			
5. Principal office address				City	State	Zip	
103 COTTAGE STREET				PAWTUCKET	RI	02860	
	ESS OF L	IMITED LIABI	LITY COMPANY ANI	NAME OR TITLE OF CONTA	ACT PERSON:		
Contact Name				MANAGER	:		
JOHN F. KERWIN				City			
Street Address				WARREN	RI	02885	
634 MAIN STREET				:	ŀ	i I	
7. NAME AND ADI	DRESS OF	EACH MANAG	GER OF THE LIMITE	D LIABILITY COMPANY, IF	APPLICABLE - DO N	OT LIST MEMBERS	
		FILL IN S	PACES BEFORE USI	NG ATTACHMENTS ("X" BO	X FOR ATTACHMENT)	П	
Manayer Name				Manager Name	Manager Name		
JOHN F. KERWIN							
Street Address				Street Address	Street Address		
634 MAIN STREET							
WARREN		State RI	^{Ζιμ} 02885	City	State	Zip	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zψ	City	State	Zip	
L	NT IN RE	IODE ISLAND	DO NOT ALTER - C	hanges require filing of Fo	rm 642 - R.I.G.L. 7-	16-11	
Agent Name				Address			
JOHN F. NEAR'	Y, ESQ.						
Address				City	-		
103 COTTAGE STREET				PAWTUCKET		02860	

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

96100

File Date	FILED			
Check No.	OCT 26 2007			
By:	By 5349			
FOR S	ECRETARY 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

JOHN^JF. KERWIN, MANAGER

Print or Type Name of Authorized Person

Form 632 Rev. 07/07