



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. 103779		2. Exact name of the limited liability company 300 MENDON ROAD, 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 RENTAL	
5. Principal office address 300 Mendon Road		City Cumberland	State Rhode Island
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Peter K. Landers		Zip 02864	Contact Title Managing Partner
Street Address 300 Mendon Road		City Cumberland	State Rhode Island
Zip 02864		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 Peter K. Landers		Manager Name Sarah J. Landers	
Street Address 106 Log Road		Street Address 106 Log Road	
City Harrisville	State R.I.	Zip 02830	City Harrisville
Manager Name		State R.I.	
Street Address		Zip 02830	
City		Manager Name	
State		Street Address	
Zip		City	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 642 - R.I.G.L. 7-16-11		State R.I.	
Agent Name PETER LANDERS		Address	
Address 300 MENDON ROAD		City CUMBERLAND	Zip 02864

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

FILED	
File Date OCT 29 2007	
Check No. BY [Signature]	
By:	
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.

Peter K. Landers 10/22/07
Signature of Authorized Person Date
Peter K. Landers
Print or Type Name of Authorized Person