

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.		name of the limited liability company						
142412								
3. State of Formation 4. Brief description of the character of the business w			ich is actually conducted in Rhode Island					
RHODE ISLAND REAL ESTATE HOLDINGS			DINGS					
5. Principal office address				City	State		Zip	
5717 POST ROAD				CHARLESTOWN	RI		02813	
	SS OF L	MITED LIABILITY O	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
Contact Name				Contact Title				
MARK BERNATCHEZ								
Street Address				CUELTON	State		Ζψ	
34 NORTH PRINCETON DRIVE				SHELTON	СТ		06484	
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)								
Manayer Name				Manager Name				
Street Address				Street Address				
City		State	Zip	Сйу	State		<i>Zip</i>	
Manager Name				Manager Name				
Street Address				Street Address				
				* * *				
City		State	Zip	City	State		Zip	
					İ			
8. RESIDENT AGEN	T IN RH	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11		
Agent Name				Address				
VINCENT J. NACCARATO, ESQ.				96 FRANKLIN STREET				
Address				City	Zip			
			WESTERLY	02891				

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

142412

	FILED		
File Date  Check No.	OCT 29 2007		
Ву:	By 1 2248		
:	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

MARK BERNATCHEZ

Print or Type Name of Authorized Person

Form 632 Rev. 07/07