

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.

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2. Exact name of the limited liability company GLENN ALLEN DEVELOPMENT COMPANY, LLC							
GLEN	N ALLEN DEVELOPMENT COMPANY, LLC						
	4. Brief description of the c	character of the business whic	o is actually conducted in Rhode Island				
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Principal office address			City	State		Zip	
2358 SOUTH COUNTY TRAIL			EAST GRENNWICH	RI	ļ	02818	
SS OF LI	MITED LIABILITY C	OMPANY AND NAME		ON:			
Contact Name			Contact Title				
ALLEN B. GAMMONS, JR.							
Street Address			City			Zip	
2358 SOUTH COUNTY TRAIL			EAST GRENNWICH	RI		02818	
T NAME AND ADDRESS OF TACH MANAGER OF THE LIMITED HARRISTY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS							
ALGO OF				ACHMENT)			
Manager Name							
NS JE	2						
ALLEN B. GAMMONS, JR.			Street Address				
Street Address 2358 SOUTH COUNTY TRAIL				an ce name a			
			Cim	State		Zip	
CH	RI	02818	c.i.y				
Manuger Name			Manager Name				
Street Address			Street Address				
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	State	Zip	City	State		Zip	
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				Address			
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JAMES A. IACOI							
Address					•		
CALENDA & IACOI, LTD.			PROVIDENCE 02903				
	2. Exact of GLENN JNTY T TESS OF LICENS, JF JNTY T TESS OF LICENS	2. Exact name of the limited liability GLENN ALLEN DEVELO  4. Brief description of the of the second	2. Exact name of the limited liability company GLENN ALLEN DEVELOPMENT COMPANY  4. Brief description of the character of the business which  JNTY TRAIL  SS OF LIMITED LIABILITY COMPANY AND NAME  DNS, JR.  JNTY TRAIL  RESS OF EACH MANAGER OF THE LIMITED LIABILITY FILL IN SPACES BEFORE USING ATTA  DNS, JR.  JNTY TRAIL  CH State RI Zip  T IN RHODE ISLAND - DO NOT ALTER - Changes	2. Exact name of the limited liability company GLENN ALLEN DEVELOPMENT COMPANY, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Island  City EAST GRENNWICH SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONS, JR.  UNTY TRAIL CHARACTER City EAST GRENNWICH RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICAB FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACH	2. Exact name of the limited liability company GLENN ALLEN DEVELOPMENT COMPANY, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Island  UNTY TRAIL  SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  MANAGER  UNTY TRAIL  EAST GRENNWICH  RI  STate  EAST GRENNWICH  RI  STATE  City  EAST GRENNWICH  RI  RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Manager Name  ONS, JR.  Street Address  UNTY TRAIL  CH  State  City  State  City  State  Street Address  Street Address  The RI  Street Address  The RI O2818  City  State  The RI  State  The RI  State  City  State  The RI  State  City  State  The RI  State  City  State  The RI  State  The RI  State  City  State  The RI  State  City  State  The RI  State  The RI  State  City  State  The RI  State  The RI  State  City  State  The RI  State  City  State  The RI  State  City  State  The RI  The RI  State  The RI  State  The RI  State  City  State  The RI  The RI  State  The RI  The RI  The RI  State  The RI  The	2. Exact name of the limited liability company GLENN ALLEN DEVELOPMENT COMPANY, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Island  City EAST GRENNWICH RI  SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title  DNS, JR.  MANAGER  City EAST GRENNWICH RI  RI  RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST I FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  DNS, JR.  Street Address  JNTY TRAIL CH RI  Street Address  Street Address  Street Address  Street Address  Street Address  TIN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address  171 BROADWAY  City DODOS  CITY DODOS  State  TIN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address  171 BROADWAY	

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

File Date	FILED
Check No.	OCT 29 2007
Ву:	By 8184
	FOR SECRETARY OF STATE USE ONLY

are kind.
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.

Date

Allen B. Gammons, Jr.

Print or Type Name of Authorized Person