

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.1.O.E. 7-70-00 (0&E)) 1	з знојест	to a penalty fee of \$25.00.						
1. ID No.	2. Exact	name of the limited liability company						
158890	The V	endituoli Real Estate Limited Liability Company						
3. State of Formation 4. Brief description of the character of the business whic				b is actually conducted in Rhode Island				
Rhode Island real estate activities								
5. Principal office address				City	State		Zip	
3 Hopeworth Avenue				Bristol	RI		02809	
6. MAILING ADDRE	SS OF L	IMITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERSON:				
Contact Name				Contact Title				
Michael T. Vendituoli				Manager				
Street Address				City	State		Zip	
2 00 Canon Street, #132 — 80 Whiting St.				Cranston	RI		02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS								
		FILL IN SPACES	BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT	ACHMENT)			
Manager Name				Manager Name				
Michael T. Vendituoli				None				
Street Address				Street Address				
200 Gamon Street #132 80 Whiting St.								
்புர Cranston		State RI	^{Zip} 02920	City	State		<i>Z</i> ір	
Manager Name				Manager Name				
None				None				
Street Address				Street Address				
City		State	Zip	City	State		Zip	
		<u> </u>			 	C 4 4		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes a				require filing of Form 642 - R.I.G.L. 7-16-11 Address				
Adler Pollock & Sheehan P.C.								
Address				City	Zip			
One Citizens Plaza, 8th Floor				Providence	02903			
				4				

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

	FILED
File Date	OCT 2 9 2007
Check No	By 1922
FOI	R 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

Michael T. Vendituoli

Print or Type Name of Authorized Person