



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. 154122		2. Exact name of the limited liability company SPL Associates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, develop, sell, and rent real estate.			
5. Principal office address 110 Byfield Street		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Steven R. Alviti			Contact Title Manager		
Street Address 110 Byfield Street		City Warwick	State RI	Zip 02888	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) ☐					
Manager Name Steven R. Alviti			Manager Name		
Street Address 110 Byfield Street		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642-R.I.G.L. 7-16-11					
Agent Name Orson and Brusini Ltd.			Address		
Address 325 Angell Street, Providence RI 02906			City	Zip	

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

PAID

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 **9/13/07**

Steven R. Alviti, Manager

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 29 2007
By:	By 8418
FOR SECRETARY OF STATE USE ONLY	