



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

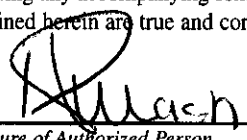
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

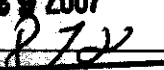
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 125469		2. Exact name of the limited liability company LENA ST., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING AND MANAGING REAL ESTATE	
5. Principal office address P.O. Box 28		City Bristol	State RI
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Karen Marsh		Contact Title Manager	
Street Address 327 Poppasquash Road		City Bristol	State RI
		Zip 02809	
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 Karen Marsh		Manager Name Warren G. Marsh	
Street Address 327 Poppasquash Road		Street Address 327 Poppasquash Road	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Manager Name None		Manager Name None	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MATTHEW D. SLEPKOW, ESQ.		Address	
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915-

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

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 **10-23-07**
Karen Marsh, Manager
Print or Type Name of Authorized Person

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