



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. 103823 | | 2. Exact name of the limited liability company MCG Real Estate Consultants, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE CONSULTING. | | | |
| 5. Principal office address 38 DR. MARCUS WHEATLAND BOULEVARD | | | City NEWPORT | State Rhode Island | Zip 02840 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name J. NATHAN GODFREY | | | Contact Title Member | | |
| Street Address 38 DR. MARCUS WHEATLAND BOULEVARD | | | City NEWPORT | State RI | Zip 02840 |
| 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) <input type="checkbox"/> | | | | | |
| Manager Name NONE | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 David P. Martland, Esq. | | | Address 1100 AQUIDNECK AVENUE | | |
| Address SILVA THOMAS MARTLAND & OFFENBERG, LTD. | | | City MIDDLETOWN | Zip 02842 | |

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

| | |
|---------------------------------|-------------|
| FILED | |
| File Date | NOV 01 2007 |
| Check No. | |
| By: | 1159 |
| 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 10/30/2007
Date

David P. Martland, Esq.

Print or Type Name of Authorized Person