



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. <b>131616</b>		2. Exact name of the limited liability company <b>Lockwood Land LLC</b>			
3. State of Formation <b>MASSACHUSETTS</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address <b>6 Faneuil Hall Marketplace</b>			City <b>Boston</b>	State <b>MA</b>	Zip <b>02109</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: <b>Samuel Ross</b> Contact Title: <b>Manager</b>					
Street Address <b>6 Faneuil Hall Marketplace</b>			City <b>Boston</b>	State <b>MA</b>	Zip <b>02109</b>
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 <b>Samuel Ross</b>			Manager Name <b>Lawrence H. Curtis</b>		
Street Address <b>6 Faneuil Hall Marketplace</b>			Street Address <b>6 Faneuil Hall Marketplace</b>		
City <b>Boston</b>	State <b>MA</b>	Zip <b>02109</b>	City <b>Boston</b>	State <b>MA</b>	Zip <b>02109</b>
Manager Name <b>Michael T. Putziger</b>			Manager Name		
Street Address <b>6 Faneuil Hall Marketplace</b>			Street Address		
City <b>Boston</b>	State <b>MA</b>	Zip <b>02109</b>	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 <b>CT CORPORATION SYSTEM</b>			Address		
Address <b>10 WEYBOSSET STREET</b>			City <b>PROVIDENCE</b>	Zip <b>02903-</b>	

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 10/23/07  
Date  
**Samuel Ross, Manager**  
Print or Type Name of Authorized Person

<b>FILED</b>	
File Date	<b>NOV 01 2007</b>
Check No.	
By:	<b>By 84/500/2</b>
FOR SECRETARY OF STATE USE ONLY	