



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

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

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