



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. 121376		2. Exact name of the limited liability company Winn Management Company LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE PROPERTY MANAGEMENT	
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 Curtis	
Street Address 6 Faneuil Hall Marketplace		Street Address 6 Faneuil Hall Marketplace	
City Boston	State MA	City Boston	State MA
Zip 02109		Zip 02109	
Manager Name Michael Putziger		Manager Name	
Street Address 6 Faneuil Hall Marketplace		Street Address	
City Boston	State MA	City	State
Zip 02109		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).

FILED

File Date
NOV 01 2007

Check No.
By 1318/37

By
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

10/23/07

Date

Samuel Ross, Manager

Print or Type Name of Authorized Person