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FOR SECRETARY OF STATE USE ON

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I, ID No 131936 J & D LACROIX REALTY, L.L.C. 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE MANAGEMENT RHODE ISLAND State 5. Principal office address Zip CUMBERLAND RI 02864-15 WARREN AVENUE Contact Title Contact Name STEPHEN J DIGIANFILLIPPO City State Ziv Street Address PROVIDENCE RΙ 02903-50 PARK ROW , SUITE 111 Manager Name • Manager Name Jacqueline P. Lacroix Donald J. Lacroix Street Address Street Address 12 15 Warren Avenue 15 Warren Avenue State 'Citv City State ZipRI Cumberland RΙ 02864 Cumberland Manager Name Manager Name Street Address Street Address City State Zip State City Address Agent Name 50 PARK ROW WEST, SUITE 111 STEPHEN J. DIGIANFILIPPO, ESQ. Address W PROVIDENCE 02903-VIEIRA & DIGIANFILIPPO LTD. This report must be signed in ink by an authorized person pursuant to 7-16-66.

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

Donald J. Lacroix, Manager

Print or Type Name of Authorized Person