



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

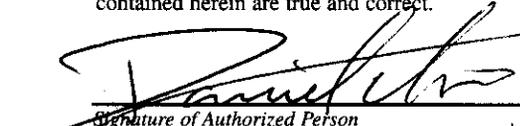
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>150116</b>		2. Exact name of the limited liability company <b>Front Associates LLC</b>			
3. State of Formation <b>RHODE ISLAND</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>145 WESTMINSTER ST # 418</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <b>DANIEL CHOW</b>			Contact Title		
Street Address <b>3 Kirker Dr</b>		City <b>Greenwich</b>	State <b>RI</b>	Zip <b>02818</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>DANIEL CHOW</b>			Manager Name		
Street Address <b>3 Kirker Dr</b>		Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	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 <b>DANIEL CHOW</b>			Address		
Address <b>70 LAKESIDE DRIVE</b>		City <b>COVENTRY</b>	Zip <b>02816-</b>		

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

2007 NOV - 1 AM 9:10  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

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 Date **10/29/07**  
**DANIEL CHOW**  
 Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>NOV 01 2007</b>
By:	<b>By 142 mac</b>
FOR SECRETARY OF STATE USE ONLY	