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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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)

1. ID No.	2. Exact name of the limited liabilty company
120509	SULINDA, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	**RENTAL REAL ESTATE**

5. Principal office address	City	State	Zip
5 FIELDSTONE DRIVE, UNIT 15	EAST GREENWICH	RI	02818-

6. MAILING ADDRESS OF LLC [illegible] CONTACT PERSON

Contact Name	Contact Title
JOSEPH M DIGIANFILIPPO, ESQ	

Street Address	City	State	Zip
50 PARK ROAD WEST, STE 111	PROVIDENCE	RI	02903-

7. NAMES AND ADDRESSES OF EACH [illegible] (OPTIONAL) [illegible] 7-16-2(a)(2) / 7-16-32

Manager Name	Street Address	City	State	Zip
Adele A. Miele	5 Fieldstone Drive, Unit 15	East Greenwich	RI	02818
Susan A. Gravino	57 Island Drive	Coventry	RI	02816

8. RESIDENT AGENT IN RHODE ISLAND [illegible] required filing [illegible] 7-16-1

Agent Name	Address	City	Zip
JOSEPH DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 100	PROVIDENCE	02903-
VIEIRA & DIGIANFILIPPO LTD.			

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*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 120509 [redacted]

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By:
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16245-33-199534

[redacted]

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.

Adele A Miele 10-29-07
Signature of Authorized Person *Date*

Adele A. Miele, Manager
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 1/02