



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

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>06942</u>		2. Name of Corporation <u>Broadcommon Properties, Ltd</u>			
3. Street Address Principal Business Office <u>24 Broadcommon Rd</u>			City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
4. Business Phone No. <u>401-253-1330</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Real Estate and any other lawful &amp; legal business</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Joseph Strong</u>			Vice President Name <u>Ann Strong</u>		
Street Address <u>55 Teed Ave.</u>			Street Address <u>55 Teed Ave</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>
Secretary Name <u>same as above</u>			Treasurer Name <u>same as above</u>		
Street Address			Street Address		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares			Number of Shares		
Class/Series			Class/Series		
Par Value			Par Value		
<u>1000</u>	<u>Common</u>	<u>none</u>	<u>188</u>	<u>Common</u>	<u>none</u>

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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

**FILED**

File Date NOV 28 2007

Check No. \_\_\_\_\_

By: 043144

FOR SECRETARY OF STATE USE ONLY

Signature Ann Strong Date 11/28/07

Print or Type Name \_\_\_\_\_

Title \_\_\_\_\_