

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

(N.I.G.L. 7-10-00 (B&C))					<del></del>						
1. ID No.	2. Exact name of the limited liability company										
142805	KOTO Holdings, LLC										
3. State of Formation 4. Brief description of the character of the busin					s which is actually conducted in Rhode Island						
Rhode Island Real Estate Investment and Holdings				ldings							
5. Principal office address					City	· · · · · · · · · · · · · · · · · · ·	State		Zip		
12 Crestview Drive					Greenville		RI	02828			
6. MAILING ADDR	ESS OF L	IMITED LIABI	LITY COMPANY A	ND NAME	OR TITLE OF CONT	ACT PERS	ON:				
Contact Name					Contact Tille						
Terrance P. Oates					Member						
Street Address					City	****	State		Zip		
12 Crestview Drive					Greenville		RI		02828		
7. NAME AND ADD	RESS OF	FACH MÄNA	ER OF THE LIME	TOD TYADI	LITY COMPANY, IF	A VINTER TO LA 101	 	OW TOW	1		
		FILL IN S	PACES BEFORE U	SING ATT	CHMENTS ("X" BC	X FOR ATTA	ACHMENT)		MEMBERS		
er die deutsche Gegenstein der die State deutsche Erstelle deutsche Erstelle Geschlieber in der State deutsche Manager Name					Manager Name						
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Street Address											
537661714167633					Street Address						
City		State		<del></del>					· <del>,                                    </del>		
CHI		Mate	Zip		City		State		Zip		
Manager Name	•••••	J									
Manager (Mine					Manager Name						
Street Address					0						
OFFICE FLOW CSS					Street Address						
City		State	Zip		City				12		
		SHIP	Ιμ		City		State		Zip		
8. RESIDENT AGEN	T IN RH	I ODE ISLAND -	DO NOT ALTER .	Changes	: require filing of Fo	em 642 1	l Ottosite 7 il	6 11	l Participation		
Agent Name	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	Address	THE OTHER P.	ringit. 7-1	0-11			
Jeffrey A. St. Sauveur, Esq.					50 PARK ROW WEST, SUITE 102						
Address				City			7/5				
					r e		Zip				
BELLIVEAU & ST. SAUVEUR, LLP				Providence (			02903				

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

FILED	Under penalty of perjury, I declare and affir including any accompanying schedules and contained herein are true and correct.	
Check No. NOV 01 2007 WY 1 - AOH LOOZ	Signature of Authorized Person	10/29 Date
FOR SECRETARY OF STATE USE ONLY NID SHOTTARO 4803	Terrance P. Oates  Print or Type Name of Authorized Person	
SECEIVED S		F

e examined this report, and that all statements,