



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

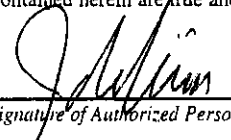
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 127939		2. Exact name of the limited liability company 345 Neponset Street, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP AND MARKET REAL ESTATE			
5. Principal office address 345 NEPONSET STREET		City CANTON	State MA	Zip 02021	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN S. MARINI		Contact Title			
Street Address 345 NEPONSET STREET		City CANTON	State MA	Zip 02021	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JOHN S. MARINI		Manager Name N/A			
Street Address 345 NEPONSET STREET		Street Address			
City CANTON	State MA	Zip 02021	City	State	Zip
Manager Name N/A		Manager Name N/A			
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 SCOTT A. RITCH, ESQ.		Address 2 WILLIAMS STREET			
Address		City PROVIDENCE		Zip 02903	

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

<b>FILED</b>	
File Date	NOV 01 2007
Check No.	By <u>1032</u>
FOR SECRETARY OF STATE USE ONLY	

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 10/02/07  
John S. Marini  
Print or Type Name of Authorized Person