



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. 153422 | | 2. Exact name of the limited liability company Provident Property LLC | |
| 3. State of Formation DELAWARE | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Owner + lessor of Real Estate | |
| 5. Principal office address 1370 Ave of Americas 2nd Fl | | City New York | State NY |
| | | Zip 10019 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Jamie Grossman | | Contact Title Attorney for U.S. Realty Advisors, LLC | |
| Street Address 1370 Ave of Americas 2nd Fl | | City New York | State NY |
| | | Zip 10019 | |
| 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 | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 CORPORATION SERVICE COMPANY | | Address | |
| Address 222 JEFFERSON BOULEVARD, SUITE 200 | | City WARWICK | Zip 02888- |

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

FILED

File Date **NOV 01 2007**
Check No. **Bv 1050**
By: **Bv 1050**

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

Print or Type Name of Authorized Person