



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. 86923		2. Exact name of the limited liability company T & P PROPERTIES LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING.	
5. Principal office address 90 NARRAGANSETT AVE		City Providence	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Paul J Tocco		Contact Title MANAGING PARTNER	Zip 02907
Street Address 90 NARRAGANSETT AVE		City Providence	State RI
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 Paul J Tocco		Manager Name Sergio B. Palmieri	
Street Address 8 Pruvo Rd		Street Address 74 HAWTHORNE PL	
City Warwick	State RI	City NORTH Providence	State RI
Zip 02888		Zip 02904	
Manager Name Peter D. Tocco		Manager Name	
Street Address 146 COUNTRY CLUB DR		Street Address	
City Warwick	State RI	City	State
Zip 02888		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 PAUL J. TOCCO		Address 90 NARRAGANSETT AVE	
Address 90 NARRAGANSETT AVENUE		City PROVIDENCE	Zip 02907-

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. By 1783	
By:	
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.

Paul J. Tocco 10/10/07
Signature of Authorized Person Date
Paul J. Tocco
Print or Type Name of Authorized Person