



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. <b>159466</b>	2. Exact name of the limited liability company <b>i of The Storm LLC.</b>				
3. State of Formation <b>RHODE ISLAND</b>	4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE BROKERAGE + MANAGEMENT</b>				
5. Principal office address <b>55 DORRANCE ST / SUITE 200</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>JACK ISENBERG</b> Contact Title <b>PARTNER</b>					
Street Address <b>17 KEENE ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> <b>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - <b>DO NOT ALTER</b> - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>JACK ISENBERG</b>		Address			
Address <b>17 KEENE STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02906-</b>		

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

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  
10/8/07  
Date  
**JACK ISENBERG**  
Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>NOV 01 2007</b>
By:	<b>By 1192</b>
FOR SECRETARY OF STATE USE ONLY	