



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. 98443		2. Exact name of the limited liability company SMT Real Estate Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, developing, managing, leasing and otherwise maintaining real estate.			
5. Principal office address 116 Mourning Dove Drive		City Saunderstown	State RI	Zip 02874	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven W. Tilley		Contact Title Manager			
Street Address 116 Mourning Dove Drive		City Saunderstown	State RI	Zip 02874	
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) ☐					
Manager Name Steven W. Tilley		Manager Name			
Street Address 116 Mourning Dove Drive		Street Address			
City Saunderstown	State RI	Zip 02874	City	State	Zip
Manager Name		Manager Name			
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 Michael R. Goldenberg, Esq.		Address			
Address 123 Dyer Street		City Providence		Zip 02903	

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

98443

File Date	FILED
Check No.	NOV 02 2007
By:	498
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

Steven W. Tilley

Print or Type Name of Authorized Person