

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.

R.I.G.L. 7-16-66 (bd								
1. ID No	2. Exact name of the limited liability company							
98443	SMT	T Real Estate Group, LLC						
3. State of Formation 4. Brief description of the character of the business				and otherwise maintaining real estate.				
Rhode Island Owning, developing, managing, leasing								asing and otherwise maintaining
5. Principal office address				City	State	Zip		
116 Mourning Dove Drive				Saunderstown	RI	02874		
6. MAILING ADI	DRESS OF L	IMITED LIAB	ILITY COMPANY ANI	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name				Contact Title	Contact Title			
Steven W. Tilley				Manager				
Street Address				Clly	State	Zip		
116 Mourning Dove Drive				Saunderstown	RI	02874		
T NABER ANTE A	nnppee A	DACH WANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF APP	LICABLE - DO NO	LIST MEMBERS		
/. Hame and a		FILL IN	SPACES BEFORE USI	ng attachments ("x" box f	OR ATTACHMENT)			
Manager Name		1. NOT NOT ASSUITED	Burneli Silvin edhemiledene eri	Manager Name	a Baranana and a sandara a san			
Steven W. Tille	N/							
Street Address				Street Address	Street Address			
116 Mourning l	Dove Drive	<b>,</b>						
Cin <sup>i</sup>		State	Zip	City	State	Zip		
Saunderstown		RI	02874	, and the second				
Manuger Name				Manager Name	Manager Name			
,				•				
Street Address				Street Address	Street Address			
City		State	Zip	СНу	State	ZΨ		
8. RESIDENT A	GENT IN RE	IODE ISLAND	- DO NOT ALTER - 0	hanges require filing of Form	642 - R.I.G.L. 7-16-1	<b>11</b> , 19 (19)		
Agent Name				Address				
Michael R. Go	ldenberg.	Esq.						
Address				City	Z	Zip		
123 Dyer Street				Providence	0	02903		
123 Dyer Stiet	5 L					····		

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

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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.

Signuture of Authorized Person

Steven W. Tilley

Print or Type Name of Authorized Person

Form 632 Rev. 07/07