

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

vidence, 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.

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1. ID No.		Exact name of the limited liability company							
149014	Piazza	za Zarrelia, LLC							
3. State of Formation 4. Brief description of the character of the busine TO INVEST IN REAL ESTATE			character of the business whic ESTATE	which is actually conducted in Rhode Island					
5. Principal office address 650 Main Street				City East	Greenwich	State RI		^{Zip} 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Gerald P. Zarrella					or Title of Contact Person. Contact Title Manager				
Street Address 650 Main Street					Greenwich	State RI		^{Ζφ} 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED EXAMINEST COMPANY, WASPERCABLE. DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS. ("X" BOX FOR ATTACHMENT).									
Manager Name Gerald P. Zarrella				Manager Name Debra Zarrella					
Street Address 871 South Road				Street Address 871 South Road					
East Greenw	rich	State RI	^{Zip} 02818	City Eas	t Greenwich	State RI		^{Zip} 02818	
Manager Name	•••••••	f=		Manager	Name		************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address				Street Ad	dress				
City		State	Zip	City		State		Zip	
Agent Name		ode išlan d : do n	OT ALTER - Changes	Address	filling of Form 642 - I	R.I.G.L. 7-1	6-11		
WILLIAM R. LANDRY,	ESŲ.			BLISH &	CAVANAGH LLP		1		
Address 30 EXCHANGE TERRACE				PROVIDENCE Zip 02:		Zip 02903-	•		

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

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Check No.	
Ву:	JV 0 2 2007
FOR SEC	RETARY 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 Authoridal Parson

Date

Print or Time Name of Authorized Parson