

Matthew A. Brown, Secretary of State Corporations Division 148 W. Rwer Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

Rhode Island  5. Principal office address 550 George Washington Highway 6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name	managing cer	ctain commercial real e  City  Smithfield	State RI		Zip	
550 George Washington Highway  6. MAILING ADDRESS OF LIMITED LIABILITY  Contact Name	COMPANY AND	Smithfield			•	
Contact Name	COMPANY AND				02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name James Botvin		NAME OR TITLE OF CONTACT PERSON:  Contact Title				
Street Address 19 Bagy Wrinkle Cove		<i>City</i> Warren	State RI		<i>Zip</i> 02885	
7. NAME AND ADDRESS OF EACH MANAGER FILL IN SPACE ANY MODIFICATIONS TO MA	S BEFORE USING	D LIABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT,	OR ATTACHMENT)			
Manager Name Tames Botvin		Manager Name	<b>:</b>			
Street Address		Street Address				
19 Bagy Wrinkle Cove		Sireel Audress				
City State Warren RI	<i>Ζψ</i> 02885	City	State		Zip	
Manager Name	***************************************	Manager Name	•••••••		***************************************	
Street Address		Street Address				
City State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO Agent Name Joshua Teverow, Esquire	NOT ALTER - Ch	anges require filing of Form  Address	   642 - R.I.G.L. 7-16	-11	2	
Address 55 Pine Street		City	Zip		2001 NGV 13	
		Providence	ence 0290		NOV 13 PM 1:	

File Date FILED

Check No. NOV 1-3 2007

By: By HOS O

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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 berein are true and correct.

Jámes Potvin

Print or Type Name of Authorized Person