



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. 130283 | | 2. Exact name of the limited liability company Three Eleven Realty, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY | |
| 5. Principal office address 311 Angell Street | | City Providence | State RI |
| | | Zip 02906 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Leonard Accardo, Jr. | | Contact Title Member | |
| Street Address 311 Angell Street | | City Providence | State RI |
| | | Zip 02906 | |
| 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) <input type="checkbox"/> | | | |
| Manager Name NONE | | Manager Name NONE | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| Manager Name NONE | | Manager Name NONE | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name LEONARD ACCARDO, JR. ESQ. | | Address | |
| Address 311 ANGELL STREET | | City PROVIDENCE | Zip 02906- |

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

| | |
|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | NOV 13 2007 |
| By: | 7042 |
| 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
Leonard Accardo, Jr., Member
Date
Print or Type Name of Authorized Person