

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.		2. Exact name of the limited liability company							
121190		Tews Court, LLC							
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which RENTAL REAL ESTATE				ich is actually conducted in Rhode Island					
5. Principal office address		t		City	State		Zip	-	
56 POPLAR STREET				NEWPORT	R	\mathcal{I}	02846		
	ss of Li	MITED LIABILITY (OMPANY AND NAME	OR TIPLE OF CONTACT PE	SON:		± 5		
Contact Name		7 4	1	Contact Title					
DEBORAL	//	R. ARNO Street	160	MEMBER					
Street Address	4	Ci.		City	State VO		Zip		
36 Pop	IUR	STREET	· · · · · · · · · · · · · · · · · · ·	MEMBER City NEWPORT	K	ــــ	02840		
				LITY COMPANY, IF APPLICA	BLE - DO N	OT LIST	MEMBERS		
	April Tarana ang ang ang ang	PILL IN SPACES	BEFORE VEING ATT	CHARRYS (X BOX FOR A	TTACHMENT)		-6:0		
Manager Name				Manager Name					
Street Address			Street Address						
City		State	Zip	City	State		Zip		
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Manager Name				Manager Name					
Street Address				Street Address					
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City		State	Zi p	City	State		Zip		
e decimentacen	T IN DUC	NOT THE AND TO A	OT ALTER	: require filing of Form 642	 D T C T = 1	K +1	ı		
Agent Name	I III KIIC	DE BRANCE DO N	OI ALLIAN CHARGES	Address	- M.L.G.L., 4-1	.0-11			
DEBORAH R. ARNOLI	D								
Address				Citv		Zip			
56 POPLAR STREET				NEWPORT		02840-	•		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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Clack No.	NOV 1 3 2007	
By	By 17/2	
FOR SI	CRETARY 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.

Debard	R. Cenld	11/1/07
Signature of Authorized Person	Date	

EBORAH

Print or Type Name of Authorized Person