

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.

1. ID No.	· · · · · · · · · · · · · · · · · · ·								
97522			NP PROPERTIES LLC						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which REAL ESTATE INVESTMENT					ch is actually conducted in R	hode Island			
5. Principal office address					City	State		Zip	
1375 WARWICK AVE					WARWICK	RI		02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME.					GR TITLE OF CONTACT PERSON:				
Contact Name					Contact Title				
	MICHAEL	HAWKEY							
Street Address					City	State		Zip	
ONE POST OFFICE SQUARE, 23RD FLOOR					BOSTON	NA NA		02109	
7. NAMBA	ND ADDE	ESS OF	EACH MANAGER O	F THE LINETED LIABI	LTT COMPARY, IF A	PPLICABLE - DO N	OT LIST	MEMBERS	
			FILL IN SPACE	S BEFORE USING ATTA	CEMENTS ("X" BOX	POSENTTACHMENT)			
Manager Nam	ie				Manager Name				
EP	REALTY	LLC							
Street Address					Street Address				
ONE POST OFFICE SQUARE, 23RD FLOOR									
City			State	Zip	City	State	-	Zip	
B0	STON		MA	02109	0 6 0 0				
Manager Nam	ne				Manager Name		•••••		
Street Address					Street Address				
City			State	Zip	City	State		Zip	
Agent Name CT CORPO			ODE ISLAND - DO N	IOT ALTRIE - Charges	require filing of Fori Address	m 642 - R.L.G.L. 7-1	6-11	i	
Address 10 WEYBOSSET STREET					PROVIDENCE	Zip 02903-			

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

19 P. C. L.	(MA)	1 1 1
		And a few firms
File Date Streets		
74		i de la
	그는 그 내 방법되었는데 보다라?	91 . II
L L		
Check No.	/ 1.5.2002	
	つノハウカ	**L
	7/222	mne
(A)	COBB COM	
and the same	All de	
	7. strad, skette h	<u>19 8 . S</u>
PUR SEX.RE	TARY OF STATE USE OF	NLY CAN
	and the second s	

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

11/01/2007

Date

JOHN P BREEDLOVE

Print or Type Name of Authorized Person