



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. 116590		2. Exact name of the limited liability company Tech Plaza 2,3, & 4 LLC			
3. State of Formation New York		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, operate, maintain, manage, sell and lease real property			
5. Principal office address 35 Fay Street, Unit 107B		City Boston		State Massachusetts	Zip 02118
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Demetrios Dasco			Contact Title Member		
Street Address 35 Fay Street, Unit 107B		City Boston		State MA	Zip 02118
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) ☐					
Manager Name Atlas Investment Group, LLC			Manager Name Gordon Reger		
Street Address 35 Fay Street, Unit 107B		Street Address 2730 TRANSIT ROAD			
City Boston	State MA	Zip 02118	City WEST SENECA	State NY	Zip 14224
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID P. MARTLAND, ESQ.			Address 1100 AQUIDNECK AVENUE		
Address SILVA THOMAS MARTLAND & OFFENBERG, LTD.		City MIDDLETOWN		Zip 02842	

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

FILED	
File Date	NOV 16 2007
Check No.	By 15514
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
11/5/2007
Date

DAVID P. MARTLAND, ESQ.

Print or Type Name of Authorized Person