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

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.	2. Exact name of the limited liability company
130875	STERALOIDS REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE RENTALS

5. Principal office address	City	State	Zip
30 CASTLE HILL AVENUE	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
TREVOR B ARENDS	

Street Address	City	State	Zip
30 CASTLE HILL AVENUE	NEWPORT	RI	02840

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	Street Address	City	State	Zip
SUSAN TOUCHE ARENDS	30 CASTLE HILL AVENUE	NEWPORT	RI	02840

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
MICHAEL W. MILLER, ESQ.	122 TOURO STREET	NEWPORT	02840
MILLER SCOTT & HOLBROOK			

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

130875

STERALOIDS REALTY, LLC
File Date FILED
NOV 16 2007
By: 63827
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 *Date* 10/13/07

SUSAN TOUCHE ARENDS
Print or Type Name of Authorized Person

Form 632 Rev. 07/07