

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

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.

(R.1.G.L. 7-10-00 (DRL))	is subject i	io a penany jee oj #25.00	•				
1. ID No.	2. Exact name of the limited liability company						
146586	Dey As	sociates, LLC					
3. State of Formation RHODE ISLAND		4. Brief description of the INVESTMENTS AND	character of the business whic PERSONAL	h is actually conducted in Rhode Isla	nd		
5. Principal office addres	_		wten Court	warwick	State R'T	-	09888 09888
6. MAILING ADDRI Contact Name 50501			OMPANY AND NAME	Contact Title	SON:		
Street Address 30 Kns	ten	-Sigman Court	Abazzation * Abazz	warwick	State		<sup>Zip</sup> 62888
NAME AND ADD		EACH MANAGER O	F THE LIMPTED LIABU BEFORE USING ATEA			OT UST	MEMBERS
Manager Name		****		Manager Name			
Street Address				Street Address			
City		State	Zip	City	State		Zip
Manager Name	• • • • • • • • • • • • • • • • • • • •	1		Manager Name	•••••••	••••••	
Street Address				Street Address			
City		State	Zip	City	State		Zip
8. RESIDENT AGEN Agent Name SUSAN DEY-SIGMAN		ODE ISLAND DO N	OT ALTER - Changes	require filing of Porce 649 Address	** I.G.L. 7-1	6-11	
Address 80 BALSAM STREET			City WARWICK	Zip <b>02888-</b>			

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

File Date	FILED	nt Shirington
	NOV 2 7 2007	
ВуВ	v 3466	
	FOR SECRETARY OF STATE USE O	NLY 3

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.

Susan Dersi.	11-14-07	
Signature of Authorized Person	1	Date

Susan	DEY-	SIGMA	Ν
Print or Type Name	of Authorized	Person	