RI SOS Filing Number: 200704231100 Date: 11/27/2007 4:00 PM

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.	2. Exact name of the limited liability company
108587	LONG BROOK LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	ACQUIRE, DEVELOP, LEASE, SELL AND DEAL IN REAL PROPERTY

5. Principal office address	City	State	Zip
5 EAST BUTTERFLY WAY	LINCOLN	RI	02865

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

Contact Name	Contact Title
DONALD N. LaROCHELLE	MANAGER

Street Address	City	State	Zip
5 EAST BUTTERFLY WAY	LINCOLN	RI	02865

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
DONALD N. LaROCHELLE	5 EAST BUTTERFLY WAY	LINCOLN	RI	02865

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
JOSEPH RAHEB, ESQ.	650 WASHINGTON HWY.	LINCOLN	02865

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

[redacted] [redacted]

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* 11/26/07

Donald N. LaRochelle
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. NOV 27 2007
By: By 14056

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16402-43-199889

Form 632 Rev. 07/07