

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

idence, 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						
98701	S.V.H. F	Properties, LLC						
3. State of Formation 4. Brief description of the character of the business when VETERINARY HOSPITAL RENTAL.			pich is actually conducted in Rhode Islan	ıd	***************************************	<u>.</u>		
5. Principal office address 1320 MAIN RD			City TIVERTON	State R F		Zip Os £78		
6. MAILING ADDRE	55 OP LI	MITED LIABILITY	COMPANY AND NAMI	OR TITLE OF CONTACT PER	SON:			
KENNETH E. RIX				Contact Title PARTNER				
Street Address 1300 MAIN RA			City TIVER FON	State R. +		2417F		
7. NAME AND ADDE	LESS OF	EACH MANAGER C	)F THE LIMITED LIAB S-BEFORE USING AND	Buty Company, ip applicat Accoments ('X' box for at	LE - DO 1	от цет	 <u>MEMBERS</u>	
Manager Name KENNETH E. RIX				Manager Name WILLIAM E. CONLON				
Street Address 1320 MAIN RS				Street Address 241 ROLLING HILL RUAL				
TIVELY ON		State RT	24p 02878	City PORTS MOUT H	State		2ip 02871	
Manager Name				Manager Name				
Street Address				Street Address				
City	3	State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes Agent Name KENNETH E. RIX			require filing of Form 642 R.I.G.L. 7-16-11  Address					
Address 1320 MAIN ROAD				City TIVERTON	Zip 02878			
						<u> </u>	<del></del>	

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

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FOR SECRETARY OF STATE USE OF	NLY &

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

11/27/07

KENNETH E. RIX
Print or Type Name of Authorized Person