

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.								
142971	2. Exact name of the limited liability company BTSRJB, LLC							
3. State of Formation	I	4. Brief description of the character of the husiness which is actually conducted in Rhode Island						
			OWNERSHIP AND DEVELOPMENT OF REAL ESTATE					
5. Principal office address				City	State	Zip		
410 SOUTH MAIN STREET			Providence	RI	02903			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				AND AND AND THE PROPERTY OF TH				
John M. Bleyer, Jr.			Authorized Member					
Street Address				City	State	Zip		
45 Nancy Drive			Cumberland	RI	02864			
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 Manager Name								
manager vame				vanager Name				
Street Address			Street Address					
City		State	Zip	City	State	Zip		
Manager Name				Manager Name				
Street Address			Street Address					
City	٠	State	Zip	City	State	Zψ		
8. RESIDENT AGEN Agent Name Gene M. Carlino,		ODE ISLAND - DO N	OT ALTER - Changes	require filing of Forn Address	n 642 - R.I.G.L. 7-1	6-11		
Address			City		Zip			
410 SOUTH MAIN STREET			Providence		02903			

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

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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.

An MBluh.	11/17	07
Signature of Authorized Person	Date	-

John M. Bleyer, Jr.

Print or Type Name of Authorized Person