

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. 115373		t name of the limited liability company GUILDING, LLC.						
3. State of Formation	4. Brief de	scription of the	character of the business whi	ch is actually conducted in Rhode Islan	d			
RHODE ISLAND	REAL E	STATE HO	LDING COMPANY					
5. Principal office address				City	State		Zip	
232 WEST EXCHANGE STREET			PROVIDENCE	RI		02903		
6. MAILING ADDRE	S OF LIMITED	IABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ion:	•	•	
Contact Name				Contact Title				
F. RICHMOND MU	JRRAY			a 9 9				
Street Address				City	State		Zip	
232 WEST EXCHANGE STREET				PROVIDENCE	RI		02903	
7. NAME AND ADDI	NESS OF EACH A	ANAGER C IN SPACE	P THE LIMITED LIABI S BEFORE USING ATTA	LITY COMPANY, IF APPLICAT CHMENTS ("X" BOX FOR AT Manager Name	BLE - <u>DO N</u> FACHMENT)	OT LIST	MEMBERS	
Street Address				Street Address				
				On COV Hadress				
City	State		Zip	City	State		Zip	
Manager Name				Manager Name				
Stroet Address				Street Address				
City	State		Zip	City	State		Zip	
	IN RHODE ISL	AND - DO I	OT ALTER - Changes	require filing of Form 642 -	 R.I.G.L. 7-1	6-11		
Agent Name				Address				
GEORGE J. WEST, ESQ.				ONE TURKS HEAD PLACE, SUITE 312				
Address				City	Zip		Þ	
				PROVIDENCE	02903-22		.15	

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

115373

File Date	
Check No	NOV 2 9 2007
Ву.	ev 20 5 (
	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

F. RICHMOND MURRAY

Print or Type Name of Authorized Person