RI SOS Filing Number: 200704235900 Date: 11/29/2007 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
141081	178 Waterman Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE INVESTMENTS

5. Principal office address: 145 WESTMINSTER ST #418 | City: Providence | State: RI | Zip: 02903

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

Contact Name: DANIEL CHOW | Contact Title:

Street Address: 145 WESTMINSTER ST #418 | City: PROVIDENCE | State: RI | Zip: 02903

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS (☐ BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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
BENEDETTO A. CERILLI, JR.	
Address	**City** / **Zip**
80 AMERICA WAY	JAMESTOWN 02835-

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2007 NOV 28 AM 12:59
SECRETARY OF STATE
CORPORATIONS DIV

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

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2007 NOV -1 AM 9:10
SECRETARY OF STATE
CORPORATIONS DIV

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: 10/29/07

BENEDETTO A. CERILLI, JR.
Print or Type Name of Authorized Person

FILED
File Date
Check No. NOV 29 2007
By: By 317

16402-88-203481
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07