



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.<br>92865                                                                                                                                                                                            |             | 2. Exact name of the limited liability company<br>Koffler Real Estate, LLC                                                                               |                             |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>To Acquire and Invest in Interests in Real Property |                             |
| 5. Principal office address<br>10 Memorial Blvd Suite 901                                                                                                                                                     |             | City<br>Providence                                                                                                                                       | State<br>RI<br>Zip<br>02903 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>Richard J. Bornstein<br>Contact Title<br>Manager                                                      |             |                                                                                                                                                          |                             |
| Street Address<br>10 Memorial Blvd Suite 901                                                                                                                                                                  |             | City<br>Providence                                                                                                                                       | State<br>RI<br>Zip<br>02903 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                                                          |                             |
| Manager Name<br>Richard J. Bornstein                                                                                                                                                                          |             | Manager Name<br>Anthony J. DeLuca                                                                                                                        |                             |
| Street Address<br>10 Memorial Blvd Suite 901                                                                                                                                                                  |             | Street Address<br>10 Memorial Blvd Suite 901                                                                                                             |                             |
| City<br>Providence                                                                                                                                                                                            | State<br>RI | City<br>Providence                                                                                                                                       | State<br>RI<br>Zip<br>02903 |
| Manager Name<br>C. Scott Chernick                                                                                                                                                                             |             | Manager Name                                                                                                                                             |                             |
| Street Address<br>10 Memorial Blvd Suite 901                                                                                                                                                                  |             | Street Address                                                                                                                                           |                             |
| City<br>Providence                                                                                                                                                                                            | State<br>RI | City                                                                                                                                                     | State<br>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<br>Scott J. Summer, Esq.                                                                                                                                                                           |             | Address                                                                                                                                                  |                             |
| Address<br>400 Reservoir Avenue, Suite 3A                                                                                                                                                                     |             | City<br>Providence                                                                                                                                       | Zip<br>02907                |

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

92865

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | NOV 30 2007 |
| Check No.                       |             |
| By                              | 50 mnc      |
| 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 Person: Richard J. Bornstein Date: 11-14-07  
Print or Type Name of Authorized Person: Richard J. Bornstein