

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_

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

1. ID No. 148855	2. Exact name of the limit Koffler Gorham LL	riame of the limited liability company r Gorham LLC				
3. State of Formatio	on 4. Brief descripti	4. Brief description of the character of the husiness which is actually conducted in Rhode Island				
Rhode Island To Acquire and Invest in Such Intere			ests in Real Proeprty			
5. Principal office address			City	State	Zip	
10 Memorial Blvd Suite 901			Providence	RI	02903	
5. MAILING AD	DDRESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTAC : Contact Title	T PERSON:		
Richard J. Bornstein			Manager			
Street Address			City State		Zip	
10 Memorial Blvd Suite 901			Providence	RI	02903	
Manager Name Richard J. Bornstein			Manager Name Anthony J. DeLuca			
Richard J. Bornstein Street Address			Manager Name Anthony J. DeLuca Street Address			
						0 Memorial E
Σίξν	State RI	02903	Providence	RI	02903	
rovidence	j					
Providence Manager Name			Manager Name			
		Mid-Stranger	Manager Name Street Address		34 St - T	
Manager Name	State	Zip		State	Zip	
Manager Name Street Address			Street Address City			
Manager Name itreet Address City B. RESIDENT A			Street Address			
Manager Name Treet Address Tty RESIDENT A Agent Name	AGENT IN RHODE ISLAND		Street Address City anges require filing of Forn			
Manager Name Street Address	AGENT IN RHODE ISLAND		Street Address City anges require filing of Forn			

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

148855

File Date	FILED
Check No.	NOV 3 0 2007
Вv:	By 59 mnc
_,	SECRETARY OF STATE USE ONLY

	and affirm that I have examined this report
including any accompanying sched	dules and statements, and that all statements
contained herein are true and dorre	ect.
(./1)	<i>Y</i>
I/ V LIMIT	$(\Lambda + 1) = -1$

Print or Type Name of Authorized Person

Form 632 Rev. 07/07