

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.

(K.I.G.L. /-10-00 (bd	kc)) is subject	to a penalty fee o	of \$25.00.					
1. ID No.	1	2. Exact name of the limited liability company Institution Lending of America, LLC						
112905	Institu							
3. State of Formation	3. State of Formation 4. Brief description of the character of the business wh				ode Island			
Rhode Island Purchase, Sale, Investment and Ma			nagement of Real and/or Personal Property					
5. Principal office address			City	State	Zip			
10 Memorial Blvd Suite 901				Providence	RI	02903		
6. MAILING ADI	DRESS OF L	IMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	•		
Contact Name				Contact Title	Contact Title			
Richard J. Bornstein				Manager				
Street Address			City	State	Zip			
10 Memorial Blvd Suite 901				Providence	RI	02903		
7. NAME AND A	DDRESS OI	F EACH MANA	GER OF THE LIMITED	LIABILITY COMPANY, IF AP	PLICABLE - DO N	OT LIST MEMBERS		
			SPACES BEFORE USING		FOR ATTACHMENT)			
Manager Name	:							
Richard J. Bornstein				C. Scott Chernick	C. Scott Chernick			
Street Address				Street Address				
10 Memorial Bl	vd Suite 9	01		10 Memorial Blvd S	uite 901			
City Providence		State RI	<sup>Zip</sup> 02903	Gity Providence	State RI	<b>Ztp</b> 02903		
Providence		<u> </u>	02903	Frovidence				
Manager Name Anthony J. Del	Luca			Manager Name				
•			<u></u>				•••	
Sircet Address 10 Memorial	Blvd S	uite 901		Street Address				
City		State	Zip	City	State	Zip		
Providence		RI	02903	0.00	, , , and	1.00		
8. RESIDENT AG	ENT IN RH	ODE ISLAND	DO NOT ALTER - Ch	anges require filing of Forn	ı 642 - R.I.G.L. 7-1	6-11		
Agent Name				Address				
Montaquila & S	Summer. P	C		Calart Tower				
Address				City	Zip			
400 Reservoir Avenue, Suite 3A				Providence		02907	, 1)	
				[		r-3	47	

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

112905

	FILED
File Date	NOV 3 0 2007
Check No.	By 63 mnc
By:	
	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.

7 7 1 (1) 7 7

Signature of Authorized Person

chard J. Pornstein

Print or Type Name of Authorized Person