

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.1, C.L. 7-10-00   DB	xc)) is subject	to a penuity see of	\$25,60x					
1. ID No.	2. Exact	2. Exact name of the limited liability company KGI, LLC						
147060	KGI, L							
3. State of Formation 4. Brief description of the character of the busines			ness which is actually conducted in Rh	bich is actually conducted in Rhode Island				
Rhode Island To Acquire and Invest in such interes				s in real property				
5. Principal office address				City	State	Zip		
10 Memorial Blvd Suite 901				Providence	RI	02903		
6. MAILING ADI Contact Name	DRESS OF L	IMITED LIABIL	ITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:			
Richard J. Bornstein				Manager	Manager			
Street Address				City	State	Zip		
10 Memorial Blvd Suite 901				Providence	RI	02903		
7. NAME AND A	DDRESS OF		EER OF THE LIMITED PACES BEFORE USING	LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO N</u> FOR ATTACHMENT)	OT LIST MEMBERS		
Richard J. Bornstein				C. Scott Chernick	• •			
Street Address				Street Address	Street Address			
10 Memorial Blvd Suite 901				<u>.</u>	10 Memorial Blvd Suite 901			
<i>்யு</i> Providence		State R1	<sup>Zip</sup> 02903	City Providence	RI State	02903		
Manager Name Anthony J. Del	Luca	1	······l······	Manager Name		,		
Street Address 10 Memorial Blvd Suite 901				Street Address	Street Address			
City Providence		State RI	<sup>Zip</sup> 02903	City	State	Ζψ		
	ENT IN RH	ODE ISLAND -	DO NOT ALTER - Ch	anges require filing of Form	1 642 - R.I.G.L. 7-1	6-11		
Agent Name				1	1			
Montaquila & Summer. PC					Calart Tower			
Address				City		Zip		
400 Reservoir Avenue, Suite 3A				Providence		02907		

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

147060

File Date	FILED	
Check No.	NOV 3 0 2007	
By:	By /42 mnc	
ļ	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 E

11-14-07

Print or Type Name of Authorized Person