

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							
90698	Apple Vailey Mall, LLC							
3. State of Formation 4. Brief description of the character of the busines			character of the husiness wh	vbich is actually conducted in Rhode Island				
Rhode Island		To Develop, Lease	Sell and or Manage R	e Real Estate and Other Property				
5. Principal office address				City	State		Zip	
10 Memorial Blvd Suite 901				Providence	RI		02903	
	SS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT P	ERSON:		,	
Contact Name				Contact Title				
Richard J. Bornstein				Manager				
Street Address				City	State		Zip	
10 Memorial Blvd Suite 901				Providence	RI		02903	
7. NAME AND ADDI Manager Name Richard J. Bornste			OF THE LIMITED LIAB S BEFORE USING ATT.	ILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name C. Scott Chernick				
Street Address 10 Memorial Blvd Suite 901				Street Address 10 Memorial Blvd Suite 901				
City Providence		State RI	^{Zip} 02903	Ctry Providence	State RI		02903	
Manager Name Anthony J. DeLuca				Manager Name				
Street Address 10 Memorial Blvd Suite 901				Street Address				
City Providence		State RI	<i>Zip</i> 02903	City	State		Zip	
8. RESIDENT AGENT	T IN RH	ODE ISLAND - DO N	NOT ALTER - Changes	require filing of Form 64	i2 - R.I.G.L. 7-1	6-11	•	
Agent Name				Address				
Montaquila & Summer. PC				Calart Tower				
Address				City Zip		Zip		
400 Reservoir Avenue, Suite 3A				Providence 02907		02907		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	NOV 3 0 2007
Ву:	By 2408 mnc
	FOR SECRETARY OF STATE USE ONLY

	ry, I declare and affirm that	•
	anying schedules and staten	ients, and that all statements
pontained herein are t	rue and correct.	11-14-07
Signature of Authorized	Person Da	
Richan		 stein

Print or Type Name of Authorized Person