



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. 144119		2. Exact name of the limited liability company Higgins' Bailey's LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO SELL LEASE OWN MAINTAIN MANAGE AND OTHERWISE OPERATE WITH REAL ESTATE	
5. Principal office address 657 A West Main Road		City Little Compton	State RI
		Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Raymond C. Holland, Jr. - Leary and Holland		Contact Title Attorney	
Street Address 1340 Main Road		City Tiverton	State RI
		Zip 02878	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Meg Higgins Oliver		Manager Name	
Street Address 15 Wilson Ridge Road		Street Address	
City Darien	State CT	Zip 06820	City
			State
			Zip
Manager Name Lauren R. Hancock		Manager Name	
Street Address 2426 Pine Street		Street Address	
City San Francisco	State CA	Zip 94115	City
			State
			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 RAYMOND C. HOLLAND, JR.		Address LEARY AND HOLLAND	
Address 1340 MAIN ROAD		City TIVERTON	Zip 02878

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

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
Date **11/1/07**
Raymond C. Holland, Jr.
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 19 2007
By:	By 46237
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