



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. 136658		2. Exact name of the limited liability company Mt. Hygeia Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY	
5. Principal office address 3 Mt. Hygeia Road		City Foster	State RI
		Zip 02825	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Daniel S. Davey		Contact Title Operating Manager	
Street Address 3 Mt. Hygeia Road		City Foster	State RI
		Zip 02825	
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) ☐			
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name LEONARD ACCARDO, JR. ESQ.		Address	
Address 311 ANGELL STREET		City PROVIDENCE	Zip 02906

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

File Date 12-18-07
Check No. A 1019 P 1411
By: mmc

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.

Daniel S. Davey 11/28/07
Signature of Authorized Person Date

Daniel S. Davey, Operating Manager

Print or Type Name of Authorized Person