



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.<br><b>159442</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>Sparks Law Tower, LLC</b>                                                                       |                      |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>operating and maintaining a law practice</b> |                      |
| 5. Principal office address<br><b>24 Front Street</b>                                                                                                                                                         |       | City<br><b>Woonsocket</b>                                                                                                                            | State<br><b>RZ</b>   |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br><b>Adam Clavell</b>                                                                                   |       | Contact Title<br><b>Attorney</b>                                                                                                                     | Zip<br><b>02895</b>  |
| Street Address<br><b>1080 Main Street</b>                                                                                                                                                                     |       | City<br><b>Pawtucket</b>                                                                                                                             | State<br><b>RI</b>   |
|                                                                                                                                                                                                               |       |                                                                                                                                                      | Zip<br><b>02860</b>  |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                      |                      |
| Manager Name<br><b>NONE</b>                                                                                                                                                                                   |       | Manager Name                                                                                                                                         |                      |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                                       |                      |
| City                                                                                                                                                                                                          | State | City                                                                                                                                                 | State                |
|                                                                                                                                                                                                               |       |                                                                                                                                                      |                      |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                                         |                      |
| 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<br><b>ADAM S. CLAVELL, ESQ.</b>                                                                                                                                                                    |       | Address                                                                                                                                              |                      |
| Address<br><b>1080 MAIN STREET</b>                                                                                                                                                                            |       | City<br><b>PAWTUCKET</b>                                                                                                                             | Zip<br><b>02860-</b> |

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

**FILED**

File Date **DEC 18 2007**  
Check No. **By 3534**  
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 contained herein are true and correct.

Signature of Authorized Person  
Date **10/14/07**  
**Thomas Sparks**  
Print or Type Name of Authorized Person