



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. * NONE		2. Exact name of the limited liability company Ocean Road 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 activities			
5. Principal office address 882 So. Main Street P.O. Box 888		City Cheshire	State CT	Zip 06410	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Glenda Kirby			Contact Title		
Street Address 882 So. Main Street P.O. Box 888		City Cheshire	State CT	Zip 06410	
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 Glenda Kirby			Manager Name Saul Nulman		
Street Address 882 So. Main Street P.O. Box 888			Street Address 71 S. Main Street		
City Cheshire	State CT	Zip 06410	City Belchertown	State MA	Zip 01007-9401
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 CT Corporation			Address		
Address 10 Weybosset Street			City Providence	Zip 02903	

* I.R.S. Disregarded Entity

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

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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 12-12-07

Glenda Kirby
Print or Type Name of Authorized Person

File Date	FILED
Check No.	DEC 21 2007
By	By <u>045099</u> 11:05
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