



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. 89962		2. Exact name of the limited liability company Paine Real Estate, 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 investment			
5. Principal office address 3440 Trail Dairy Circle		City North Fort Myers		State FL	Zip 33917
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Timothy Paine			Contact Title		
Street Address 3440 Trail Dairy Circle		City North Fort Myers		State FL	Zip 33917
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 Timothy Paine			Manager Name		
Street Address 3440 Trail Dairy Circle		Street Address			
City North Fort Myers	State FL	Zip 33917	City	State	Zip
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 Nathan W. Chace			Address		
Address One Park Row, Suite 300		City Providence		Zip 02903	

FILED 8:29

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

JAN 04 2008

By KMC
045917

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

Timothy Paine

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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