



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

| | | | |
|--|-------|---|---------------|
| 1. ID No. 144519 | | 2. Exact name of the limited liability company Bullocks Holdings, 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 OWNERSHIP AND MANAGEMENT | |
| 5. Principal office address 15 KRISTIN DRIVE | | City CRANSTON | State RI |
| | | Zip 02921- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name CARLOS TARAKTZIAN | | Contact Title . | |
| Street Address 15 KRISTEN DRIVE | | City CRANSTON | State RI |
| | | Zip 02921- | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | |
| Manager Name | | *Manager Name | |
| Street Address | | *Street Address | |
| City | State | Zip | *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 CARL I. FREEDMAN, ESQ. | | Address ONE PARK ROW, SUITE 300 | |
| Address | | City PROVIDENCE | Zip 02903- |

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



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File Date **FILED**

Check No. JAN 04 2008

By: 045987 12:02

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

Carlos Taraktzian

Print or Type Name of Authorized Person