

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_

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.

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127457 FJPR	ealty, LLC	Administration of the second		A ROLL OF THE PARTY OF	Microsoft and an analysis of the second	4
3. State of Formation			ch is actually conducted in Rh	sode Island		
RHODE ISLAND	REAL ESTATE HOL	DING COMPANY.				_
5. Principal office address	· ·		City	State	Zip	
6. MAILING ADDRESS OF TIMITED PLABILITY COMPANY AND NAME			Coventry	l RI	02816	Ì
6. MAILING ADDRESS OF TO	MITEDETABILITY	MANY AND NAME	OR TITLE OF CONTAC	T PERSON:	. 17	
Arthu	G. Capaldi		Attorney for process			
Street Address			City	State	Zip	
1035 Main Street			Coventry	RI	02816	
7. NAME AND ADDRESS OF	EACH MANAGER-O	F THE LIMITED LIABI	LITY COMPANY, IR-AP	PLICABLE - <u>DO N</u>	OT LIST MEMBERS	brown.
	FILL IN SPACES	Before Using ATT	ACHMENTS ("X" BOX	FOR ATTACHMENT)	April 1	
Manager Name			Manager Name			
Frank J. Perry						
Street Address	<u> </u>		Street Address			
9 ROse	Giovanni Cou	rt				
City	State	Ζίρ	Cily	State	Zip	
Coventry	RI	02816			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	l ODE ISLAND - DO N	 OT ALTER - Changes	: require filing of Ford	n 642 - R.I.G.L. 7-1	6-11	
Agent Name			Address			
ARTHUR G. CAPALDI						
Address			City	Zip		
1035 MAIN STREET			COVENTRY 02816-		02816-	
			<u> </u>		L	_

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

	including any accompanying schedules ar
File Date FILED	contained herein are true and correct.
Check No. JAN 0 8 2008	Signature of Authorized Person
FOR SECRETARY OF STATE USE ONLY	Frank J. Perry Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report, nd statements, and that all statements,