



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. <b>142229</b>		2. Exact name of the limited liability company <b>BEACHSTONE REALTY, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>INVESTMENTS</b>	
5. Principal office address <b>792 Ledge Rd</b>		City <b>Seekonk</b>	State <b>ma</b>
		Zip <b>02771</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Robert Greaves</b>		Contact Title <b>member</b>	
Street Address <b>792 Ledge Rd</b>		City <b>Seekonk</b>	State <b>ma</b>
		Zip <b>02771</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Robert E. Greaves</b>		Manager Name	
Street Address <b>792 Ledge Road</b>		Street Address	
City <b>Seekonk</b>	State <b>ma</b>	City	State
Zip <b>02771</b>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>ROBERT E. GREAVES</b>		Address	
Address <b>1560 ELMWOOD AVENUE</b>		City <b>CRANSTON</b>	Zip <b>02910</b>

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

FILED

JAN 10 2008

By AME

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.

Robert E Greaves 1-10-08  
Signature of Authorized Person Date

Robert E Greaves  
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY