



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, 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

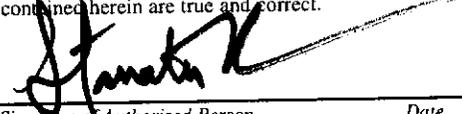
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 091755		2. Exact name of the limited liability company JSR Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, hold and manage real estate			
5. Principal office address 7610 Post Road		City North Kingstown		State Rhode Island	Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William Kitsillis, Esq.			Contact Title Attorney		
Street Address c/o Greenberg Traurig LLP, One International Place		City Boston		State Massachusetts	Zip 02110
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 John Reves			Manager Name		
Street Address 7610 Post Road			Street Address		
City North Kingstown		State Rhode Island	Zip 02852	City State Zip	
Manager Name			Manager Name		
Street Address			Street Address		
City State Zip		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 William Kitsillis, Esq.			Address		
Address 7 Douglas Drive		City Cumberland		Zip 02864	

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

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 1/7/08
John Reves  Date 1/7/08
Print or Type Name of Authorized Person

File Date	FILED
Check No.	JAN 16 2008
By:	003490-mmc
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