



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, 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. 159739	2. Exact name of the limited liability company 69/71 Radcliffe LLC
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3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, developing, leasing, dealing in and holding for investment real estate property.
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5. Principal office address 1300 Division Road, Suite 203	City West Warwick	State RI	Zip 02893
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jonathan V. Kalander		Contact Title Attorney	

Street Address 131 Jefferson Blvd., Suite 2004	City Warwick	State RI	Zip 02886
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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)   
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name None	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Manager Name	Manager Name
Street Address	Street Address
City	City
State	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 Jonathan V. Kalander		Address Suite 2004	
Address 931 Jefferson Blvd.		City Warwick	Zip 02886

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

FILED

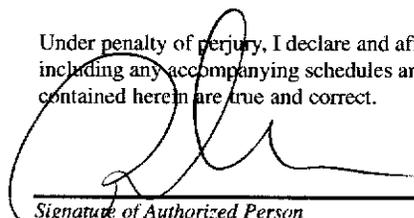
File Date JAN 28 2008

Check No. A 2034 P 2110

By: MALC

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 Date 12/16/07

Robert T. McCann

Print or Type Name of Authorized Person