



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
401.222.3090

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. 000160132		2. Exact name of the limited liability company DRC West Greenwich Tech I Manager, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address Two Monument Square, PO Box 17577		City Portland	State ME
		Zip 04101	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard M. Roderick		Contact Title Sr. Vice President of Dead River Company, Manager	
Street Address Two Monument Square, PO Box 17577		City Portland	State ME
		Zip 04101	
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) ☐			
Manager Name Dead River Company		Manager Name	
Street Address Two Monument Square, PO Box 17577		Street Address	
City Portland	State ME	City	State
Zip 04101		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 CT Corporation System		Address	
Address 10 Weybosset Street		City Providence	Zip 02903

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

000160132

File Date	FILED
Check No.	FEB 13 2008
By:	By: [Signature]
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] 2/5/08
Signature of Authorized Person Date
Richard M. Roderick
Print or Type Name of Authorized Person