

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

Fiting 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.

(K.1.G.L., 7-10-00 {D&C											
1. ID No.	2. Exact	2. Exact name of the limited liability company									
121183	Barton	n Gardens, LLC									
3. State of Formation		4. Brief description	of the character of th	be business whi	ch is actually conducted in Rhode Island						
Rhode Island Real Estate Development											
5. Principal office address				•	City	State		Zip			
2 STAFFORD COURT					CRANSTON	[RI		02920			
6. MAILING ADDI	RESS OF L	IMITED LIABIL	ITY COMPANY A	AND NAME	OR TITLE OF CONTAC	T PERSON:	Gardy III				
Contact Name				Contact Title							
Thomas H. DiPre	ete				<u>:</u>						
Street Address					City	State		Zip			
2 STAFFORD COURT					CRANSTON	RI		02920			
7. NAME AND AD	DRESS OF	EACH MANAG	ER OF THE LIM	ITED LIABI	LITY COMPANY, IF AP	PLICABLE - DO N	OT LIST	MEMBERS			
			ACES BEFORE			FOR ATTACHMENT)					
Manager Name				•	Manager Name						
u											
Street Address					Street Address						
City		State	Zip		City'	State		Zip			
					:						
Manager Name				Manager Name							
Street Address					Street Address						
City		State	Zip		City	State		Zip			
								l			
8. RESIDENT AGE	NT IN RH	ODE ISLAND -	DO NOT ALTER	 Changes 	require filing of Forn	a 642 - R.I.G.L. 7-1	6-11	A Company of the Comp			
Agent Name				Address							
Thomas H. DiPr	ete						.				
Address				City Zip							
2 Stafford Court				CRANSTON 02920							

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

121183

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File Date	FILED	
Check No.	FFR 1 9 2008	
Ву:	AM431P745	
۳	OR SECRETARY OF STATE USE ONLY	7

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statement contained begin are true and correct.	-
(), () 451	U)
Signature of Authorized Person Date	

Thomas H. DiPrete

Print or Type Name of Authorized Person