



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. 91965		2. Exact name of the limited liability company Green Tree Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment			
5. Principal office address 2 STAFFORD COURT		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Stephen Broman Contact Title 					
Street Address 2 STAFFORD COURT		City CRANSTON	State RI	Zip 02920	
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 		Manager Name 			
Street Address 		Street Address 			
City 	State 	Zip 	City 	State 	Zip
Manager Name 		Manager Name 			
Street Address 		Street Address 			
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 Thomas H. DiPrete		Address 			
Address 2 Stafford Court		City CRANSTON		Zip 02920	

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

91965

File Date	FILED
Check No.	FEB 19 2008
By:	By A 7430 P 7453
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

Thomas H. DiPrete

Print or Type Name of Authorized Person