



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 $\underline{^{2007}}$

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

In accordance with R.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 venalty fee of \$25.00.

I. ILL IVO	2. Exact name of the limited	l Hability company				
000146815	Blackacre R	ealty, LLC				
3. State of Formation	4. Brief descriptio	n of the character of the busin	ness which is actually conducted in Rhode	! Island		
Rhode Island	To hold,	sell, buy, manage	and operate real estate.			
5. Principal office address 72 Pine Street			Providence	State RI	^{z₁} 02903	
6. MAILING ADDRE	ss of Limited Liabi	LITY COMPANY AND I	name or/title of contact)	PERSON:		
Contrict Name			Contact Title	Contact Title		
Richard E. Kirby, Esq.			Registered Agent	Registered Agent		
Street Address			City	State	<i>Z</i> ф 02903	
72 Pine Street			Providence	RI	02903	
	PSC OF BACK MANA	SER OF THE HIMTED	liability company, if appl	ICABLE DO NOT	LIST MEMBERS	
	FIELINS	PACES BEFORE USING	; ATTACHMENTS »("X" BOX FO	RATTACHMENT)		
			Hanager Name	(1) 製造です。今季型学品で表現を表現である。		
Manager Name						
Street Address			Street Address	Street Address		
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Chy Manager Name	State	Zų,	City Manager Name	State	Zφ	
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Manager Name Street Address	State	Zip Zip	Manager Name	State State	Zip	
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Manager Name Street Address City	Stesse	Zip	Manager Name Street Address	State	26	
Manager Name Street Address City	State (IN RHODE ISLAND	Zip	Manager Name Street Address City	State	26	

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

MIAR 1 4 2008 By 05271# 3:49	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,
File Date 29 188 28	contained herein are true and correct.
Check Yo	Signature of Authorized Person Plate/ John O. Mancini, Member Print or Type Name of Authorized Person