



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. 105800		2. Exact name of the limited liability company LANDMARK PROPERTY MANAGEMENT, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL REAL ESTATE MANAGEMENT			
5. Principal office address 2 WILLIAMS STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TROY L. COSTA			Contact Title		
Street Address PO BOX 100071		City CRANSTON	State RI	Zip 02910	
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 TROY L. COSTA			Manager Name		
Street Address PO BOX 100071			Street Address		
City CRANSTON	State RI	Zip 02910	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 TROY L. COSTA			Address		
Address 2 WILLIAMS STREET		City PROVIDENCE	Zip 02903		

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

105800

File Date	<u>3-28-08</u>
Check No.	<u>1799</u>
By:	<u>mnc</u>
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.

Troy L. Costa 3-26-08
Signature of Authorized Person Date
TROY L. COSTA
Print or Type Name of Authorized Person