RI SOS Filing Number: 200811493110 Date: 06/04/2008 4:00 PM

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.	2. Exact name of the limited liability company
135570	SPM REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	to deal with real estate

5. Principal office address	City	State	Zip
1714 Smith Street	North Providence	RI	02911-0000

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Stephanie McGinn	Member

Street Address	City	State	Zip
1714 Smith Street	North Providence	RI	02911-0000

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	Street Address	City	State	Zip
Stephanie McGinn	1714 Smith Street	North Providence	RI	02911
Paul McGinn	P.O. Box 17554	Smithfield	RI	02917
Michael McGinn	173 Stillwater Road	Smithfield	RI	02917

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Stephanie McGinn	1714 Smith Street	North Providence RI	02911

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

[redacted] [redacted]

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.

Stephanie McGinn — May 20, 2008
Signature of Authorized Person *Date*

Stephanie McGinn
By: Stephanie McGinn
Print or Type Name of Authorized Person

Member

File Date	FILED
Check No.	JUN 0 4 2008
By:	By 059884

FOR SECRETARY OF STATE USE ONLY

23024-5-255146

[redacted]

Form 632 Rev. 07/07