RI SOS Filing Number: 200811595300 Date: 06/05/2008 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
130374	CHANTICLEER REAL ESTATE HOLDINGS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP OF PROPERTY LOCATED AT 5 CATAMORE BLVD EAST PROVIDENCE, RI 02914

5. Principal office address	City	State	Zip
5 CATAMORE BLVD	EAST PROV.	RI	02914

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

Contact Name	Contact Title
STUART R. MAC DONALD	MANAGER

Street Address	City	State	Zip
5 CATAMORE BLVD.	EAST PROV	RI	02914

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
STUART R. MAC DONALD	360 NAYATT Rd	BARRINGTON	RI	02806
DAVID P. DISANTO	66 CREST Dr.	CRANSTON	RI	02921

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
RICHARD RIENDEAU	100 ARMISTICE BLVD	PAWTUCKET	02860

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2008 JUN -5 AM 10:10

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

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.

Manager
Signature of Authorized Person *Date*

STUART R. MACDONALD
Print or Type Name of Authorized Person

File Date	6-5-08
Check No.	4270
By:	MMC

FOR SECRETARY OF STATE USE ONLY

23102-3-245326

Form 632 Rev. 07/07