



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. 155660		2. Exact name of the limited liability company 954 EAST MAIN ROAD, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE MANAGEMENT AND DEVELOPMENT			
5. Principal office address 954 EAST MAIN ROAD		City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GREGORY E. DIMATTINO			Contact Title MEMBER		
Street Address 954 EAST MAIN ROAD		City PORTSMOUTH	State RI	Zip 02871	
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) <input type="checkbox"/>					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
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 ERIC P. CHAPPELL, ESQUIRE			Address 954 EAST MAIN ROAD		
Address		City PORTSMOUTH, RI	Zip 02871		

FILED

JUL 08 2008 12:31

By 062873

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

155660

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 _____

GREGORY E. DIMATTINO, MEMBER

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY