

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									
1. ID No.									
105655 The Mullingar Group, LLC									
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island							
Rhode Island	de Island Real Estate, Ownership/management								
5. Principal office address				City	State		Zip		
11 John Street				Bristol	Rhode Is	land	02809		
6. MAILING ADDRES	S OF L	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PER	SON:				
Contact Name				Contact Title					
Aidan Graham									
Street Address			:	City	State		Zip		
11 John Street				Bristol	Rhode Is	land	02809		
7. NAME AND ADDI	ess of	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICA	BLE - DO N	OT LIST	MEMBERS		
				ACHMENTS ("X" BOX FOR AT					
Manager Name				Manager Name					
Aidan Graham									
Street Address				Street Address					
11 John Street									
City Bristol		State Rhođe Island	<sup>Zip</sup> 02809	City	State		Zip		
DHSIOI		Knoue Island	02009				<b></b>		
Manager Name				Manager Name					
				•					
Street Address				Street Address					
				•	_				
City		State	Zip	City	State		Zip		
					<u> </u>	<i>.</i>			
	IN RHO	ede island - do n	OT ALTER - Changes	require filing of Form 642 - Address	R.I.G.L. 7-1	6-11			
Agent Name									
Francis J. Flanagan				Sayer Regan Thayer & Flanagan, LLP					
Address				City	<i>Ζί</i> ρ				
130 Bellevue Ave., Unit 2				Newport		02840			

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

-	105655	JUL 0 8 2008	Under penalty of perjury, I declare and affirm the including any accompanying schedules and state	
File Date  Check No.  By:	JANES PARS 28	12:28	contained herein are true and correct.  Wall M. Thore	5/28/08 Adian Coraham
FOR SEC	CRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	Manage/ Form 632 Rev. 07/07