



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 2006

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. 105655		2. Exact name of the limited liability company The Mullingar Group, LLC									
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate, Ownership/management									
5. Principal office address 11 John Street		City Bristol		State Rhode Island		Zip 02809					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name Aidan Graham				Contact Title							
Street Address 11 John Street		City Bristol		State Rhode Island		Zip 02809					
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 Aidan Graham				Manager Name							
Street Address 11 John Street				Street Address							
City Bristol		State Rhode Island		Zip 02809		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 Francis J. Flanagan				Address Sayer Regan Thayer & Flanagan, LLP							
Address 130 Bellevue Ave., Unit 2				City Newport		Zip 02840					

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

105655

FILED

JUL 08 2008

BY

063106

12:28

File Date

Check No.

By:

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.

Signature of Authorized Person

Date

Attorney in Fact for Aidan Graham
Print or Type Name of Authorized Person

Manager

Form 632 Rev. 07/07