



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2008

**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. <u>157365</u>		2. Exact name of the limited liability company <u>25 Concord Street LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate Property Rentals</u>	
5. Principal office address <u>25 Concord Street</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Jeffrey S. Joaquin</u>		Contact Title <u>Manager</u>	
Street Address <u>36 Fiume Street</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Jeffrey S. Joaquin</u>		Manager Name	
Street Address <u>36 Fiume Street</u>		Street Address	
City <u>West Warwick</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>Roger Couty, Jr. Esq.</u>		Address <u>222 Jefferson Blvd.</u>	
Address		City <u>Warwick</u>	Zip <u>02888</u>

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

File Date	<u>8-27-08</u>
Check No.	<u>1601</u>
By:	<u>MJC</u>
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.

Jeffrey S. Joaquin 8/25/08  
Signature of Authorized Person Date  
Jeffrey S. Joaquin  
Print or Type Name of Authorized Person