

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

2000

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.

(11111111111111111111111111111111111111		,	·						
1. ID No. 111872	1	name of the limited liability company NE, LLC							
3. State of Formation		4. Brief description of the character of the husiness which is actually conducted in Rhode Island							
Rhode Island		Own and manage real estate							
5. Principal office address		<u> </u>		City	State		Zip		
4 Traverse Street				Providence	RI		02906		
	SS OF LI	METED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER Contact Title	SON:				
				City	State		Z!p		
Street Address 4 Traverse Street				Providence	RI		02906		
		er Halle er er er er	e e e e e e e e e e e e e e e e e e e		<u>, I</u>		Ļ		
7. NAME AND ADDI	RESS OF		F THE LIMITED LIABI S BEFORE USING ATTA	LITY COMPANY, IF APPLICA CHMENTS ("X" BOX FOR A		OT LIST	MEMI	<u>BERS</u>	
Manager Name				Manager Name					
Street Address				Street Address					
City		State	Zip	City	State		Zip		
Manager Name		***************************************	I	Manager Name		**************	J	••••	
Stroet Address				Street Address					
City		State	Ζip	City	State		3008	oğ'	
8. RESIDENT AGEN	T IN RHO	DE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 Address	- R.I.G.L. 7-1	6-11	SEP		
John A. Glasson, Esq.				One Ship Street					
Address				City Zip		Ζip			
			s	Providence		02903	꿏		
							2: 24	TATE (S	

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

111872

121	. 171			
File Date _		FILE	D	
Charle Ma			_	
Check No	SE	P 17	2008	
Ву:	Rv /	106)	
F	OR SECRET	ARY OF STA	TE USE ONL	Y

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

Scott Stenhouse

Print or Type Name of Authorized Person