

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 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 C. L. 7-16-66 (h&c)) is subject to a penalty fee of \$25.00.

i ID No.		iame of the limited i	lability company					
147701	701 BWREI, LLC							
1 State of Formation	Nate of Formation 4 Brief description of the character of the busine				Rbode Island			
Rhode Island		Real estate and	d other investments	.				
5 Principal office address				City	State	Zip		
21 Massachusetts Avenue				Warwick	RI	02888		
6. MAILING ADDR	ESS OF LI	MITED LIABIL	ITY COMPANY ANI		ACT PERSON:			
Confact Name				Contact Title	; · · · · · · · · · · · · · · · · · · ·			
Wilfred L. Gates, Jr.					Member State Zip			
street Address				City	State Rl	02888		
21 Massachusetts Avenue				Warwick	Ni	102000		
7. NAME AND ADI	ORESS OF	EACH MANAG FILL IN SE	ER OF THE LIMITE PACES BEFORE USI	D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BO) Manager Name	XPPLICABLE - <u>DO N</u> X FOR ATTACHMENT)	OI LIST MEMBERS		
Street Address				Stroet Address	Street Address			
V HV		State	Zip	Сиу	State	Zip		
Manager Name				Manager Name	Manager Name			
Street Address				Street Address	Street Address			
C#1	<u></u>	State	Zip	City	State	Zip		
8. RESIDENT AGE	NT IN RH	ODE ISLAND -	DO NOT ALTER - (Changes require filing of Fo	orm 642 - R.I.G.L. 7-1	6-11		
Agent Name				Address				
Catherine T. Schneider, Esq.				Cameron & Mittle	Cameron & Mittleman LLP			
Address			City		Ζip			
56 Exchange Terrace				Providence		02903		

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

147701

FILED
OCT 2 8 2008
By OR 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 copect.
contained herein are true and copect.

WILPEID L. GATES VIL Member Print or Type Name of Authorized Person

Form 632 Rev. 07/07