



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 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. 129507		2. Exact name of the limited liability company 3436 TABER AVE. LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE AND INVEST IN REAL PROPERTY	
5. Principal office address P.O. BOX 14137		City East Providence	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name HERBERT E. SACKETT		Zip 02914	
Street Address P.O. Box 14137		City East Providence	State RI
Zip 02914		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) ☐	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PASTER & HARPOOTIAN, LTD.		Address 1000 CHAPEL VIEW BOULEVARD, SUITE 220	
Address		City CRANSTON	Zip 02920

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

129507

FILED

File Date **OCT 31 2008**
Check No. **By 457**
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.

Herbert E. Sackett 10/29/08
Signature of Authorized Person Date

Herbert E. Sackett

Print or Type Name of Authorized Person