



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. <b>129507</b>		2. Exact name of the limited liability company <b>3436 TABER AVE. LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO ACQUIRE AND INVEST IN REAL PROPERTY</b>	
5. Principal office address <b>P.O. BOX 14137</b>		City <b>East Providence</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>HERBERT E. SACKETT</b>		Zip <b>02914</b>	
Street Address <b>P.O. Box 14137</b>		City <b>East Providence</b>	State <b>RI</b>
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"/>		Zip <b>02914</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 <b>PASTER &amp; HARPOOTIAN, LTD.</b>		Address <b>1000 CHAPEL VIEW BOULEVARD, SUITE 220</b>	
Address		City <b>CRANSTON</b>	Zip <b>02920</b>

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