

Matthew A. Brawn, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2006**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 151528 43 Webster Street, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Ownership of real estate Rhode Island State 5. Principal office address Zio City Newport RI02840 15 Old Beach Road Contact Name Contact Title .Manager Joseph Ashton Street Address City State .Woodbury CT06798 235 White Deer Rock Road • Manager Name Manager Name None Joseph Ashton Street Address 235 White Deer Rock Road Ζip State ·City State City Zip 06798 Woodbury CTManager Nume Manager Name None None Street Address •Street Address City Zψ City State State Address Joseph M.Hall Żip City Address 02840 15 Old Beach Road Newport NOY-3 PH 12: 20 This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date FILED

Check No. NOV 0 3 2008

Sign

FOR SECRETARY OF STATE USE ONLY

Pri

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

Print of Type Name of Authorized Person