



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 2007

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. 75867		2. Exact name of the limited liability company Privilege Park Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND MANAGE REAL ESTATE			
5. Principal office address 743 North Main Street		City Woonsocket	State RI	Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name			Contact Title		
Street Address 743 North Main Street		City Woonsocket	State RI	Zip 02895	
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) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name LUC G. ST. GERMAIN			Address		
Address 117 WAYNE ROAD			City WOONSOCKET	Zip 02895	

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STATE

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

FILED

AUG 21 2009

By [Signature]
29-97155

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]
Signature of Authorized Person Date

LUC ST. GERMAIN
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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