



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St  
Providence, RI 02904-26  
401.222.31

**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. 000155170		2. Exact name of the limited liability company TwoFifty, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate			
5. Principal office address 250 Main St,		City Providence	State RI	Zip 02900	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael Lozano			Contact Title Member		
Street Address 250 Main St		City Providence	State RI	Zip 02900	
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"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			Address		
Address			City	State	Zip

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SECRETARY OF STATE  
CORPORATIONS DIV  
2009 AUG 21 AM 11:27

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]

11:27

29-97165

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] 8/21/09  
Signature of Authorized Person Date

Michael Lozano  
Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY