

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* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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

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|--|---|--|---|------------------|------------------------|--------------|--|--|
| 000153953 | | name of the limited liability company ROCK PROPERTIES, LLC | | | | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT | | | | | | |
| 5. Principal office address 89 VAN ZANDT AVENUE | | | | City: NEWPORT | State RI | Zip 02840 | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name SCOTT FRISOLI | | | ME OR TITLE OF CONTACT PERSON: Contact Title MEMBER | | | | | |
| | | | | MEMBER | | | | |
| Street Address 89 VAN ZANDT AVENUE | | | | City NEWPORT | RI State | Ζιμ 02840 | | |
| 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 | Zip | Сиу | State | Zip | | |
| Manager Name | | | | Manager Name | | | | |
| Street Address | | | | Street Address | | | | |
| - City | | State | Zip | City | State | Zip | | |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | | | | |
| This information of Form 642 - R.I.G.L. 7-16-11 | | | | | | | | |
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| SE SE CO | | This | | | . D.L.O. E. 7.12.22.22 | | | |
| This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). | | | | | | | | |

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| File Date | DEC | 1 0 2009 | - |
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| Check No. | Ву | V | |
| Ву: | | 1051 | 710 |
| FC | R SECRETARY | OF STATE USE O | NLY |

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.

Date

December 10, 2009

Signature of Authorized Person

Scott Frisoli

Print or Type Name of Authorized Person