



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. 000098028		2. Exact name of the limited liability company All-phase Properties, 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 364 Wellington Ave		City Cranston	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael Colapietro		Contact Title member			
Street Address 3 Armand Way		City Hope	State RI	Zip 02831	
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 same as above		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	Zip		

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 DEC 21 PM 3:21

File Date	FILED
Check No.	DEC 21 2009
By:	By <u>[Signature]</u>
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.

[Signature] 12/21/2009
Signature of Authorized Person Date
Michael Colapietro
Print or Type Name of Authorized Person