

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.	2. Exac	t name of the li	nited liability company	,		······································		· · · · · · · · · · · · · · · · · · ·		
000139124		n Realt								
3. State of Formation RI	-1,-	4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment Property								
5. Principal office address					City	State	Zip			
732 Lexington Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND				Y AND NAME	Waltham OR TITLE OF CONTACT	MA PERSON:		02452		
Jenny Wan					Contact Title Member					
Sireet Address					City	State		Zip		
PO Box 121083					Boston	MA		02112-1083		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIFE FILL IN SPACES BEFORE USING A Manager Name					TACHMENTS ("X" BOX FOR ATTACHMENT)					
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 Agent Name Feng		DDE ISLANI	O - DO NOT ALTEI	R - Changes i	require filing of Form 6 Address	642 - R.I.G.L. 7-	16-11	20		
Address 3970	Post	Road			City Warwick, RI		Zip 0288	(
		This report	must be executed t	by an authori:	ed person pursuant to R.,	IGI 7-16-66 ()	^{A17} /0: 33			

FILED	Under penalty of perjury, I declare and affirm that I have examined this report,
File Date	including any accompanying schedules and statements, and that all statements, contained herein are true and correct.
Check No. By	Signafure of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Jenny Wan Print or Type Name of Authorized Person