

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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

					V 2		
	IT IN RHODE ISLAND urrently of record in the C	Office of the Secretary of S	State. Changes require filing of	Form 642 - R.I.G.L. 7-16			
City	State	Zip	City	State	Zip		
Street Address	I m .	[Street Address				
Manager Name		1 02401	Manager Name		J		
City Wellesley	State MA	02481	City	State	Zip		
Street Address 20 Willism Stre	et, Suite 130		Street Address				
	ents, LLC, Stephen	N. Wilchins	Manager Name	***************************************			
7. NAME AND ADD		GER OF THE LIMITED L PACES BEFORE USING	IABILITY COMPANY, IF APA ATTACHMENTS ("X" BOX F	PLICABLE - DO NOT FOR ATTACHMENT)	LIST MEMBERS		
20 Willism Stre	et, Suite 130		Wellesley	MA	02481		
Street Address	treet Address			State	Zip		
·	tments, LLC, Steph	en N. Wilchins	Manager				
6. MAILING ADDR	ESS OF LIMITED LIABII	LITY COMPANY AND N.	AME OR TITLE OF CONTAC	T PERSON:			
20 Willism Str	eet, Suite 130		Wellesley	MA	02481		
5. Principal office addre			City	State	Zip		
Rhode Island Real Estate Ownership							
3. State of Formation	4. Brief description	n of the character of the husine	ness which is actually conducted in Rhode Island				
000116138	61-67 SLATER A	67 SLATER AVENUE, LLC					
1. ID No.	2. Exact name of the limited	l liability company					

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

File Date	PILED	
By:	FOR SECRETARY OF STATE USE ONLY	(
431	0919 1 065206 1000	1

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 of Authorized Person 61-67 Slater Avenue, LLC

By its Manager: MIBO Investments, LLC

Print or Type Name of Authorized Person

By Its Manager: Stephen N. Wilchins Form 632 Rev. 08/08