



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. 89882		2. Exact name of the limited liability company Allens Avenue Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, hold, develop, manage, operate, lease and sell real estate			
5. Principal office address 735 Allens Avenue		City Providence	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Erwin Pearl		Contact Title Manager			
Street Address 389 5th Avenue		City New York	State NY	Zip 10016	
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 Erwin Pearl		Manager Name			
Street Address 389 5th Avenue		Street Address			
City New York	State NY	Zip 10016	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 United Corporate Services, Inc.		Address 2nd Floor			
Address 222 Jefferson Boulevard		City Warwick		Zip 02888	

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

89882

FILED	
File Date OCT 05 2010	Check No. 128048
By [Signature]	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 of Authorized Person: [Signature]
Date: 9/30/10
Print or Type Name of Authorized Person: Jim Kaplove