RI SOS Filing Number: 201183242520 Date: 09/20/2011 4:00 PM

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* • **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)(e)) is subject to a penalty fee of $25.00.*

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CORPORATIONS DIV

1. ID No.	2. Exact name of the limited liability company			
000139291	STN LLC			
3. State of Formation: RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island: OWN AND RENT A REAL ESTATE			
5. Principal office address: 216 HARRISVILLE MAIN STREET		City: HARRISVILLE	State: RI	Zip: 02830-1414

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title			
NIKOLAOS CHALKIADAKIS				
Street Address: 216 HARRISVILLE MAIN STREET		City: HARRISVILLE	State: RI	Zip: 02830-1414

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			
NIKOLAOS CHALKIADAKIS	CHRYSOULA CHALKIADAKIS			
Street Address: 216 HARRISVILLE MAIN STREET	Street Address: 216 HARRISVILLE MAIN STREET			
City: HARRISVILLE / State: RI / Zip: 02830-1414	City: HARRISVILLE	State: RI	Zip: 02830-1414	
Manager Name	Manager Name			
Street Address	Street Address			
City / State / Zip	City	State	Zip	

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

000139291

FILED
SEP 20 2011
By 152388

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.

X _____ 9.12.11
Signature of Authorized Person *Date*

NIKOLAOS CHALKIADAKIS
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
SECRETARY OF STATE USE ONLY

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Form 632 Rev. 08/08