

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company					
150207 3. State of Formation	5M Construction VII LLC					
o. Julio of Formation	14. Onei descriptio	n of the character of bu	isiness conducted in Phode Island			
Stole Island 5. Principal office address	GENERAL	Cintenction	2- Cicenset		>	
			City	State	Zip	
Contact Name	A. MAC	hado	Contact Title	Conte	au fen	
Street Address 13 //A(/+	1/45	ROAD	CHY WAKRAGANSE #	State	ZIP 02822	
· 						
Manager Name		·	Manager Name		<u> </u>	
Street Address			Street Address			
City	State	Zlp	City	State,	Zlp	
Manager Name	<u> </u>		Manager Name			
Street Address			Street Address			
City	State	Ζlφ	City /	State	Zip	
This information is currently of		of the Secretary of	State Champes service till - W-			
			Care. Changes require filing Fo	rm 94 2.		

	FILED	Under penalty of perjury, I declare and affirm that it this report, including any accompanying schedule	à and statements
	NOV 0 7 2012	and that all statements contained herein are true a	ind correct.
	5285	Signature of Authorized Person	Date
		Print or Type Name of Authorized Person	111111

Form No. 632 Revised: 01/2012