

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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. 000098340	2. Exact name of the limited liability company Blue Eyes, LLC							
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real estate acquisition and development							
5. Principal office address 836 Oaklawn Avenue			City Cranston	State RI	Zip 02920			
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Contact Name Gloria P. Dizoglio			Contact Title Manager					
Street Address 836 Oaklawn Avenue			City Cranston	State RI	Zip 02920			
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name Gloria P. Dizoglio			Manager Name Linda P. Marcello					
Street Address 836 Oaklawn Avenue			Street Address 228 Belvedere Drive					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920			
Manager Name Angelo S. Palazzo			Manager Name		1			
Street Address 800 Oaklawn Avenue			Street Address					
City Cranston	State RI	Zip 02920	City	State	Zip ~2 ()			
8. RESIDENT AGENT IN RHO	DE ISLAND		1.000 1.000		a 50			
This information is currently	of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.	<u>(</u>			
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Form No. 632 Revised: 01/2012 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 / Date

Print or Type Name of Authorized Person