Providence, RI 02904-2615 401.222.3040

THE TOTAL PROPERTY OF THE PARTY OF THE PARTY

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.	2 Evact name of the limit	ted liability sombane					
}		name of the limited liability company					
160592	Seista Homes, LLC						
3. State of Formation				ich is actually conducted in Rhode Island			
RHODE ISLAND	TO ENGAGE	IN THE DEVELOPMINE TO THE GENERA	ENT OF LAND, CONSTRUCTION A	AND REHABILITATION OF	HOMES AND THE		
5. Principal office address			City	State	Zip		
49 Alden Avenue			Warwick	RI	02889		
6. MAILING ADDRES Contact Name Mark Chaproi		letty company a	ND NAME OR TITLE OF CONTAC Contact Title member	CT PERSON:	12223		
Street Address			City	State	Zip		
49 Alden Avenue			Warwick	RI	02888		
7. NAME AND ADDR	FSS OF TACH MANY	CUR OF THE PIME	ED LIABILITY COMPANY, IF A		I salar removements		
	FILL IN	SPACES BEFORE US	ING ATTACHMENTS ('X' BOX	FOR ATTACHMENT)	LIST MEMBERS		
Manager Name n/a			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT	' IN RHODE ISLAND	- DO NOT ALTER	Changes require filing of For	l m. 642 - R.I.G.L. 7-16-11			
Agent Name		And the second of the second o	Address				
JOSEPH J. DEANGELIS	;						
Address			City	Ζip	Zip		
1177 GREENWICH AVENUE			WARWICK	· ·	02886-		

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

File Date	FILED
Check No.	9E P 13 2007
Ву:	By 9097
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repincluding any accompanying schedules and statements, and that all statements	
contained herein are true and correct.	mes.
9/11/07	
Signature of Authorized Person Date	
Joseph 1. DeAngelis	
Print or Type Name of Authorized Person	