



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 06

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 122503		2. Exact name of the limited liability company Russell Properties, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 230 Waterman ST		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert Russell		Contact Title Member	
Street Address 230 Waterman ST		City Providence	State RI
		Zip 02906	
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) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Robert M Russell		Address	
Address 230 Waterman ST		City PROV	Zip 02906

FILED

AUG 07 2007

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

By NA
23-33677
2:46

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.

Robert M Russell 8/7/07
Signature of Authorized Person Date
Robert M Russell
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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