

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 2005

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. /-16-66 (b&c)) is subject	to a penaity jee of \$2	3.00.					
1. ID No. 2. Exc	act name of the limite	d liability company		\			
000108833		PERTIES		NO LLC			
3. State of Formation			business which is actually conducted in Ri	bode Island			
RHODE ISLAM	S REAL	ESTATE	DEVELUPMENT				
5. Principal office address	0		City	State	Zφ		
3134 FOST (CAD)			INALWICK	R.I	02886		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title							
EDWARD CHRISTIAN			•	• ***			
Street Address			City	State	Zip		
26 MASAQUET AVENUE			MEMBER CILV NANTUCKE	TMA	02554		
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	Manager Name			
							
Street Address			Street Address	Street Address			
Gitv	State	Zip	City	State	Zip		
Manager Name			Manager Nume	Manager Nume			
Street Address			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							

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

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date By DS	28: ALUN 2 5 1 P/ 15 3/5-109
By: FOR SECRETARY OF STATE USE ONLY	Signification of Authorized Person Ala SNOTI VIO # Story IA A.D. P. (HAISTIA WITH BUILD Type Name of Authorized Person
Control of the Contro	Form 632 Rev. 08/08