



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
Providence, RI 02905-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 92623		2. Exact name of the limited liability company LAKESHORE ASSOCIATES LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING AND HOLDING OF REAL ESTATE	
5. Principal office address 26 Ship Street, 2nd. fl.		City Providence	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOHN D. BIAFORE		City Providence	State RI
Street Address 26 Ship Street, 2nd. fl.		City Providence	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		Zip 02903	
Manager Name EDMUND D. FULLER, III		Manager Name	
Street Address 461 Kilvert Street		Street Address	
City Warwick	State RI	City	State
Zip 02886		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN D. BIAFORE		Address	
Address 10 DYER STREET SUITE 301		City PROVIDENCE	Zip 02903
26 Ship St., 2nd. Fl.			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



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FILED

File Date **NOV 18 2004**

Check No. **By 1250517 CDA**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Edmund D. Fuller, III 11/17/04
Signature of Authorized Person Date

EDMUND D. FULLER, III, Partner

Print or Type Name of Authorized Person