



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002
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 101 Dyer Street, Ste. 301		City Providence	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name John D. Biafore Contact Title Esquire Street Address 101 Dyer Street, Ste. 301 City Providence State RI Zip 02903			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 Edmund D. Fuller, III Street Address 491 Kilvert Street City Warwick State RI Zip 02886 Manager Name Street Address City State 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 JOHN D. BIAFORE Address 101 DYER STREET, SUITE 301 City PROVIDENCE Zip 02903			

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



* 9 2 6 2 3 *

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
9/11/02

EDMUND D. FULLER, III, Partner
Print or Type Name of Authorized Person

File Date
9-16-02
Check No.
804
By
Kmc
FOR SECRETARY OF STATE USE ONLY