



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 130681		2. Exact name of the limited liability company Angellin LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE AND INVEST IN INTERESTS IN REAL PROPERTY	
5. Principal office address 549 BRANCH AVENUE		City PROVIDENCE	State RI
		Zip 02904-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN P PULEO		Contact Title CO-MANAGER	
Street Address 5 KING PHILIP ROAD		City LINCOLN	State RI
		Zip 02865-	
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			
Manager Name STEPHEN P PULEO		Manager Name FREDERICK V. DeAUGUSTINIS	
Street Address 5 KING PHILIP ROAD		Street Address 1 STEPHANIE DRIVE	
City LINCOLN	State RI	Zip 02865	City NORTH PROVIDENCE
			State RI
			Zip 02904
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	Zip	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 ADLER POLLOCK & SHEEHAN P.C.		Address ONE CITIZENS PLAZA, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903-

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



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\*130681 DLLC 09/06/05 03:04:34 PM\*

File Date **FILED**

Check No. **SEP 20 2005**

By: **By [Signature]**

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.

*[Signature]* 9/16/05  
Signature of Authorized Person Date

**STEPHEN P. PULEO**  
Print or Type Name of Authorized Person