



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 2003

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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. ID No. 71700		2. Exact name of the limited liability company PAWTUCKET LAND COMPANY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE LEASING, RENTING, MANAGING PROPERTY			
5. Principal office address 25 ESTEN AVENUE		City PAWTUCKET	State RI	Zip 02860-4826	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL KNAPP		Contact Title PRESIDENT			
Street Address 25 ESTEN AVENUE		City PAWTUCKET	State RI	Zip 02860-4826	
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 MICHAEL KNAPP		Manager Name OWEN WILLIAMS			
Street Address 25 ESTEN AVENUE		Street Address 25 ESTEN AVENUE			
City PAWTUCKET	State RI	Zip 02860-4826	City PAWTUCKET	State RI	Zip 02860-4826
Manager Name		Manager Name			
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 MICHAEL M. KULICK		Address			
Address 25 ESTEN AVENUE		City PAWTUCKET		Zip 02860	

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 CORPORATION DIVISION
 OCT 25 12 03 PM '03

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 **OCT 29 2003**
 Check No. **10340**
 By **M10340 GDD**

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] **10-27-03**
 Signature of Authorized Person Date
Michael KNAPP
 Print or Type Name of Authorized Person