



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. 144800		2. Exact name of the limited liability company Rockwell-Scribner, LLC	
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding	
5. Principal office address 160 BELDEN HILL ROAD		City WILTON	State CT
		Zip 06897-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SUSAN DILORETO		Contact Title MANAGING MEMBER	
Street Address 160 BELDEN HILL ROAD		City WILTON	State CT
		Zip 06897-	
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 SUSAN DILORETO		Manager Name	
Street Address 160 BELDEN HILL RD.		Street Address	
City WILTON	State CT	City 06897	State 06897
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 INCPOR SERVICES, INC.		Address 107 DANIELSON PIKE	
Address		City NORTH SCITUATE	Zip 02857-

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



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144800 FLLC 10/18/05 10:27:04 AM	
File Date	11/18/05
Check No.	6050
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.

Susan DiLoreto 10/22/05
Signature of Authorized Person Date
Susan DiLoreto, Managing Member
Print or Type Name of Authorized Person