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

Matthew A. Brown, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No.	2. Exact name of the limited liability company
105800	LANDMARK PROPERTY MANAGEMENT, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	RESIDENTIAL REAL ESTATE MANAGEMENT

5. Principal office address	City	State	Zip
2 WILLIAMS STREET	PROVIDENCE	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
TROY L. COSTA	MANAGER

Street Address	City	State	Zip
PO BOX 100071	CRANSTON	RI	02910

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
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	Street Address	City	State	Zip
TROY L. COSTA	PO BOX 100071	CRANSTON	RI	02910

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	Address	City	Zip
TROY L. COSTA	2 WILLIAMS STREET	PROVIDENCE	02903

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

105800

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* 9-17-06

TROY L. COSTA, MANAGER
Print or Type Name of Authorized Person

File Date FILED
Check No. SEP 07 2006
By: By QOR 12-3710
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05