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.	2. Exact name of the limited liabilty 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, AND ANY OTHER LAWFUL ACTS PROVIDED BY THE RHODE ISLAND LIMITED LIABILITY COMPANY ACT.

5. Principal office address	City	State	Zip
28 DUNEDIN STREET	CRANSTON	RI	02920-

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

Contact Name	Contact Title
TROY L COSTA	

Street Address	City	State	Zip
PO BOX 29441	PROVIDENCE	RI	02909-

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	Street Address	City	State	Zip
TROY L. COSTA	PO BOX 29441	PROVIDENCE	RI	02909

Manager Name	Street Address	City	State	Zip

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	28 DUNEDIN STREET	CRANSTON	02920

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

[redacted] 105800 [redacted]

105800 DLLC 01/07/04 10:11:28 PM
File Date RECEIVED
Check No. JAN 14 2004
By: 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.

[redacted] Troy L Costa 1/7/04
Signature of Authorized Person *Date*

[redacted] TROY L. COSTA
Print or Type Name of Authorized Person

Form 632 Rev. 6/02