

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

ROBM MUST BE TYPED OR PRINTED IN BLACK)   2. Exact name of the limited liability company   3. State of Formation   4. Brief description of the character of the business which is actually conducted in Rhode Island   RHODE ISLAND   REAL ESTATE MANAGEMENT   City   GREENVILLE   RI   D2828   City   GREENVILLE   RI   D2828   Contact Title   Rist   D2828   Contact Title   Contact Titl	Filing Period: Sept	ember 1 - N	ovember 1 🏓	Filing Fee: \$50.00	)					
Street Address   Stre	(FORM MUST BE TYP									
3. State of Formation RHODE ISLAND REAL ESTATE MANAGEMENT  5. Principal office address 1 AUSTIN AVENUE 6. MAILLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name AMERICO W COLALUCA  Street Address 1. AUSTIN AVENUE 2. City ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. RLCL 7-16-12 (a) (2) 1-7-16-52  Manager Name Americo W. Colaluca  Street Address 2. City 3. State Americo W. Colaluca  Street Address  Amager Name  Amanger Name  Street Address  Address  AMERICO W. COLALUCA  Address  AMERICO W. COLALUCA  Address  City  Zip										
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FOR SECRETA	RY 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.

Form 632 Rev. 6/02