

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: Septe	mber 1 - 1	November 1		0.00				
(FORM MUST BE TYPE	D OR PRI	VTED IN BLAC	K)					
1. ID No. 88700	2. Exact no Colaluc	ame of the limite a Manageme	ed liabilty company ent Associates, LL	С				
3. State of Formation				business which is actually cond	lucted in Rhode Island			
RHODE ISLAND REAL ESTATE MANAGEMENT								
5. Principal office address 1 AUSTIN AVENUE				City GREENVILLE	State R I	Zip 02828		
6. MAILING ADDR Contact Name AMERICO W COL		LIMITED LI	ABILITY COMPA	NY AND NAME OR TIT Contact Title .Manager	LE OF CONTACT I	PERSON:		
Street Address				City	State	Zip		
1 AUSTIN AVENUE				.GREENVILLE	RI	02828-		
		FILL IN SPA	CES BEFORE USING	IMITED LIABILITY C ATTACHMENTS ("X" B IRES FILING OF AMENDMEN	OX FOR ATTACHMENT	) <b>L</b>		
Manager Name				• Manager Name •	• Manager Name •			
Americo W. Colaluca				•	•			
Street Address				*Street Address				
1 Austin Avenu	ıe							
<i>City</i> Greenville		tate RI	<i>Zip</i> 02828	*City	State	Zip		
Manager Name				Manager Name				
Street Address				•Street Address				
City	Si	'ate	Zip	,Chy	State	Zip		
Agent Name		DDE ISLAND -	DO NOT ALTER- Ch	anges require filing of Address  1 AUSTIN AVI		7-16-11		
AMERICO W. COLALUCA				City				
Address			GREENVILLE		02828			

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



	LL <b>C 08/03/04-0</b> 2:22:44 PM*				
File Date	SEP 1 0 2004				
By M44178					
,	TARY 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.

Signalure of Authorized Person Date

Americo W. Colaluca