



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. 130101		2. Exact name of the limited liability company Caromar Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND MANAGEMENT	
5. Principal office address 1155 Atwood Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven F. Pagliarini		Contact Title Manager	
Street Address 1155 Atwood Avenue		City Johnston	State RI
		Zip 02919	
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 Steven F. Pagliarini		Manager Name Paul A. Pagliarini	
Street Address 1155 Atwood Avenue		Street Address 22 Elisha Mathewson Road	
City Johnston	State RI	City N. Scituate	State RI
Zip 02919		Zip 02857	
Manager Name James M. Pagliarini		Manager Name	
Street Address 211 Central Avenue		Street Address	
City Johnston	State RI	City	State
Zip 02919		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 NORMAN JAY BOLOTOW		Address	
Address 95 CHESTNUT STREET		City PROVIDENCE	Zip 02903-

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



File Date	9/12/05	130101*
Check No.	1077	
By:	[Signature]	
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.

[Signature] **9-6-05**
Signature of Authorized Person Date

Steven F. Pagliarini

Print or Type Name of Authorized Person