



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 BLOCK)

1. ID No. 141701		2. Exact name of the limited liability company Team Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island to engage in the business of building, renovating, renting, & selling homes	
5. Principal office address 599 ARnold Rd.		City Coventry	State RI
		Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Santos		Contact Title Manager	
Street Address 599 ARnold Rd.		City Coventry	State RI
		Zip 02816	
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 Richard Santos		Manager Name Kurt Wilcox	
Street Address 599 Arnold Rd.		Street Address 599 Arnold Rd.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Manager Name Richard Pelletier		Manager Name David Hainse	
Street Address 599 Arnold Rd.		Street Address 599 Arnold Rd.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT M. FERRIERI, ESQ.		Address	
Address 225 BROADWAY		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	10/05/05	*141701*
Check No.	7849	
By:	CXC	
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.

David M. Hainse **9/22/05**
Signature of Authorized Person Date

David Hainse
Print or Type Name of Authorized Person