



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. 142502		2. Exact name of the limited liability company Casa Del Denaro 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 Investments	
5. Principal office address 1862 Smith Street		City N. Providence	State RI
		Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steve Conti		Contact Title	
Street Address		City	State
			Zip
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 Steve Conti		Manager Name Robert MacLean	
Street Address 1862 Smith Street		Street Address 1862 Smith Street	
City N. Providence	State RI	City N. Providence	State RI
Zip 02911		Zip 02911	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name STEVE CONTI		Address	
Address 1862 SMITH STREET		City NORTH PROVIDENCE	Zip 02911-

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



File Date	9/20/05	*142502*
Check No.	1657	
By:	A	
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.

Steve Conti **9-19-05**
Signature of Authorized Person Date

Steve Conti
Print or Type Name of Authorized Person