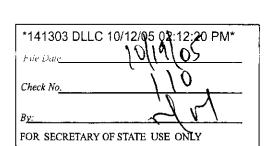


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	ED OR PRINTED IN BL	ACK)				
1. ID No.	2. Exact name of the limited liabilty company					
141303	800 Allens LLC					
3. State of Formation 4. Brief description of the character of the		•				
RHODE ISLAND	holding	eal and persona	al property for investmen	nt		
5. Principal office address			City	State	Zip	
800 ALLENS AVENUE			PROVIDENCE	RI	02905-	
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMP	PANY AND NAME OR TITLE	OF CONTACT I	ERSON:	
Contact Name			Contact Title	Contact Title		
Jason Brown		_	•			
Street Address			City	State	Zip	
800 Allens Avenue			 Providence 	RI	02905	
7. NAME AND ADI			LIMITED LIABILITY COM			
			IG ATTACHMENTS. ("X" BOX I			
	ANY MODIFICATIONS	TO MANAGERS REC	UIRES FILING OF AMENDMENT, .	R.I.G.L.7-16-12 (a) (2) <i>l-7-</i> 16-52	
Manager Name			• Manager Name	• Manager Name •		
		:				
Street Address			Street Address	Street Address		
			:			
City	State	Zip	*City	State	Zip	
Manager Name			Manager Name			
			•			
Street Address			•Street Address	•Street Address		
City	State	Zip	•City	State	[Zip	
			•	Siure	124	
8 RESIDENTACEN	T IN RHODE ISLAN	ID DO NOT ALTER C	hanges require filing of F	nem 642 DICI		
Agent Name			Address			
RICHARD J. LAND, ESQ.			123 DVER STREE	123 DYER STREET		
Address				City		
			1	1		
			PROVIDENCE	PROVIDENCE		
7.441 (3)			PROVIDENCE		<i>Zip</i> 02903-	

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained herein are true and correct. mature of Authorize Jason Brown Print or Type Name of Authorized Person