



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. <b>143903</b>		2. Exact name of the limited liability company <b>Primco Waterman, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE DEVELOPMENT</b>	
5. Principal office address <b>835 Taunton Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Robert Pesce</b>		Contact Title <b>Manager</b>	
Street Address <b>835 Taunton Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914</b>	
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 <b>Robert Pesce</b>		Manager Name	
Street Address <b>835 Taunton Avenue</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	City	State
Zip <b>02914</b>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>RICHARD C. TALLO</b>		Address	
Address <b>750 EAST AVENUE</b>		City <b>PAWTUCKET</b>	Zip <b>02860-</b>

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



File Date <b>9/23/05</b>	*143903*
Check No. <b>1018</b>	
By: <b>AD</b>	
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.

x **Robert Pesce** **9-9-05**  
Signature of Authorized Person Date  
**Robert Pesce**  
Print or Type Name of Authorized Person