



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 139903		2. Exact name of the limited liability company AC Cowesett Purchaser LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Management			
5. Principal office address c/o AmCap, Inc. 1281 E Main Street Ste 200		City Stamford	State CT	Zip 06902	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Evelyn Singer			Contact Title Vice President AmCap Cowesett Holdings LLC		
Street Address c/o AmCap, Inc. 1281 E. Main St.		City Stamford	State CT	Zip 06902	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 National Registered Agents, Inc.			Address 222 Jefferson Blvd.		
Address Suite 200		City Warwick, RI		Zip 02888	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date _____
FILED
 Check No. _____
SEP 06 2006
 By: _____
 BY SECRETARY OF STATE USE ONLY

SEP 11 2006 9:17 AM
 Signature of Authorized Person: *Evelyn Singer*
 Date: _____
 Print or Type Name of Authorized Person: Evelyn Singer