

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

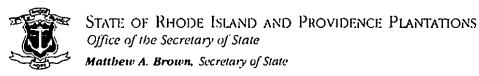
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPI	ED OR PRINTED IN BLA		100000 10000							
1. ID No. 132105		7. Exact name of the limited liabilty company B42 ELMWOOD AVENUE, LLC								
3. State of Formation	1	<u>·</u>	he business which is actually conducted	in Rhode Island	 -					
RHODE ISLAND		E OWNERSHIP	·							
5. Principal office addre 11 SOUTH ANGE	ess LL STREET, SUIT	E 313	City PROVIDENCE	State	<i>Zip</i> 02906					
6. MAILING ADDI Contact Name PETER ROSIELL		LIABILITY COMP	ANY AND NAME OR TITLE Contact Title PRESIDENT	•						
Street Address			City	State	Zip					
PO BOX 9402			. PROVIDENCE	RHODE ISLAND	02940					
				TACHMENTS ("X" BOX FOR ATTACHMENT) S FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name						
Street Address	1- 10-16/19	·- ·-	· Sireet Address	· Street Address						
11 South.	Angell St. S	vite 313	•	:						
Providence	State [Z. [Zip 0290	City	State .	Zîp					
Manager Name	• • • • • • • • • • • • • • • • • • • •	,	Manager Name	'Manager Name						
Street Address	<u> </u>		·Sircei Address	·Sircei Address						
City	State	Zip	City	State	Ζίφ					
8. RESIDENT AGE	NT IN RHODE ISLAN	D-DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.GL. 7-16-11						
Agent Name			Address							
PETER ROSIELL	.0									
Address	 _		City	Zip	· · ·					
11 SOUTH ANGELL STREET, SUITE 313			PROVIDENCE	02906	02906					
		·								

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

FILED						
NOV 29 2005						
Check No.						
By: 25300						
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.



FOR SECRETARY OF STATE USE ONLY

Corporations Division

100 North Main Street Providence, RI 02903-1335 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____ 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED	OR PRIN	TED IN BLACK)								
1. ID No.	2. Exact	Exact name of the limited liability company								
132105	842 EL	FLMWOOD AVENUE, LLC								
3. State of Formation		4. Brief description of the	character of the business whi	ich is actually conducted in Rhode Islan	nd					
RHODE ISLAND										
5. Principal office address				City	State		Zip			
11 South 16	h sell	5+ +313		Providence	RI	-	02906			
6. MAJLING ADDRE	ss'of i.	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:					
Contact Name Rock				Accountant						
Sirvi Address P.O. Box 9402				Clly	State		7.1p			
			OF THE LIMITED LIABI	E Frovidone ILITY COMPANY, IF APPLICAL	<i> -</i>	-	02940			
		FILL IN SPACES	BEFORE USING ATTAC		TACHMENT,		. 57			
	i modi	FICATIONS TO MAN	MOEKS REQUIRES FIL	: : Managor Name	/ 10-12 (a)(2)/ /-10	-,,2			
Manager Name	//	_		: Manager Name						
	sie <u> </u>	<u>o</u>		Communications						
11 South Augel Street #313			/3	Street Address						
Providence	r	State T	02906	City	State		Zlp			
Manager Name				Manager Name						
Street Address				Street Address						
City		State	Z.íp	City	State		Zlp			
8. RESIDENT AGEN	T IN RH	ı IODE ISLAND - DO I	 NOT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11				
Agent Name				Address						
PETER ROSIELLO				City Zip						
Address						[]				
11.SOUTH ANGEL ST	REET.#3	13		PROVIDENCE		02906-				
		This report must be	e sig <mark>ned in ink</mark> by an ai	uthorized person pursuant to R.	I.G.L. 7-16-0	56 .				
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	त	3 2 1 0 5	^	Under penalty of perjury, including any accompany						

contained herein are true and correct.

Print or Type Name of Authorized Person

Signature of Authorized Person