



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. 132105 | | 2. Exact name of the limited liability company 842 ELMWOOD AVENUE, 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 OWNERSHIP | | | |
| 5. Principal office address 11 SOUTH ANGELL STREET, SUITE 313 | | City PROVIDENCE | State | Zip 02906 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name PETER ROSIELLO | | Contact Title PRESIDENT | | | |
| Street Address PO BOX 9402 | | City PROVIDENCE | State RHODE ISLAND | Zip 02940 | |
| 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 Peter Rosiello | | Manager Name | | | |
| Street Address 11 South Angell St. Suite 313 | | Street Address | | | |
| City Providence | State RI | Zip 02906 | 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 PETER ROSIELLO | | Address | | | |
| Address 11 SOUTH ANGELL STREET, SUITE 313 | | City PROVIDENCE | Zip 02906 | | |

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



FILED

NOV 29 2005

File Date

Check No.

By:

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.

Signature of Authorized Person

Date

Print or type Name of Authorized Person

Form 632 Rev. 6/02



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| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island | |
| 5. Principal office address 11 South Angel St #313 | | City Providence | State RI |
| | | Zip 02906 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name John Rock | | Contact Title Accountant | |
| Street Address P.O. Box 9402 | | City Providence | State RI |
| | | Zip 02940 | |
| 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 | | | |
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 2 1 0 5 *

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 | 12/10/04 |
| Check No. | 24422 |
| By: | U |
| FOR SECRETARY OF STATE USE ONLY | |

Signature of Authorized Person
Date
12/10/04
Peter Rosiello
Print or Type Name of Authorized Person