



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. 132905		2. Exact name of the limited liability company The Walmsley Lane LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO BUY, SELL, HOLD AND MANAGE REAL ESTATE			
5. Principal office address 45 LORING AVENUE		City PROVIDENCE	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BERNARD V. BUONANNO, III			Contact Title MANAGER		
Street Address 45 LORING AVENUE		City PROVIDENCE	State RI	Zip 02906	
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 BERNARD V. BUONANNO, III			Manager Name .		
Street Address 45 LORING AVENUE			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 RENEE A.R. EVANGELISTA, ESQ.			Address 2800 FINANCIAL PLAZA		
Address EDWARDS & ANGELL, LLP		City PROVIDENCE	Zip 02903-		

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



1 3 2 9 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.

Signature of Authorized Person Date 1/12/05

BERNARD V. BUONANNO, III, MANAGER
Print or Type Name of Authorized Person

132905 DLLC 09/08/05 02:01:21 PM

File Date 9/14/2005

Check No. 1010 M 11004

By: JCMC

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BERNARD V. BUONANNO, III, MANAGER
Print or Type Name of Authorized Person

132905 DLLC 09/27/04 02:01:21 PM

File Date **FILED**

Check No. **OCT 13 2004**

By **By m47254**

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