



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. 140205		2. Exact name of the limited liability company 512 Main Street, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and manage real estate and engage in any related business	
5. Principal office address PO Box 5327		City South Kingstown	State RI
		Zip 02880	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Brett Leimkuhler		Contact Title President	
Street Address PO Box 5327		City South Kingstown	State RI
		Zip 02880	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name John J. Garrahy, Esq.		Address 170 Westminster Street, Suite 201	
Address Moses Afonso Jackvony, Esq.		City Providence	Zip 02903

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



1 4 0 2 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	10/28/05
Check No.	1292
By:	BL
FOR SECRETARY OF STATE USE ONLY	

Brett Leimkuhler 10/25/05
Signature of Authorized Person Date
Brett Leimkuhler, President
Print or Type Name of Authorized Person