

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) I. ID No. 2. Exact name of the limited liability company 141306 25 Dorset Mill Road, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate RHODE ISLAND 5. Principal office address State Cin Zip 24E DORSET MILL ROAD EXETER RI 02822- -6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title William J. Bivona .Member Street Address City State Zip 24E Dorset Mill Road .Exeter RI 02822 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 Strect Address City State Zip City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GI., 7-16-11 gent Name Address ARTHUR J. LEONARD, ESQ. 321 SOUTH MAIN STREET, SUITE 301 Address Zip **PROVIDENCE** 02903-

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



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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 Per-

William J. Bivona Print or Type Name of Authorized Person