



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. 132906		2. Exact name of the limited liability company BW Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT			
5. Principal office address P.O. Box 3695 3495		City Peace Dale	State RI	Zip 02883	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Benjamin Walker			Contact Title CEO		
Street Address P.O. Box 3695 3495		City Peace Dale	State RI	Zip 02883	
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 Lila Delman			Manager Name Lila Delman		
Street Address 88 Windmill Drive			Street Address Lila Delman Real Estate		
City Luxemburg	State	Zip	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 KIM CHURAS			Address LILA DELMAN REAL ESTATE		
Address 41 OCEAN ROAD			City NARRAGANSETT	Zip 02883	

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 05 SEP 13 AM 11:23

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



FILED 2006

File Date **SEP 13 2005**

Check No. _____

By: **By M-76807**

FOR SECRETARY OF STATE USE ONLY *[Signature]*

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.

Benjamin Walker 9/8/05
Signature of Authorized Person Date

Benjamin Walker
Print or Type Name of Authorized Person



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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 PROPERTY MANAGEMENT			
5. Principal office address 27 Clara Lane		City NARRAGANSETT	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Benjamin Walker			Contact Title		
Street Address 269 Simpson Rd		City Marlborough	State MA	Zip 01752	
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 Loretta Walker BW		Manager Name BENJAMIN WALKER BW			
Street Address 269 Simpson Rd. BW		Street Address 269 Simpson Rd BW			
City Marlborough BW	State MA BW	Zip 01752 BW	City MARLBOROUGH	State MA	Zip 01752 BW
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 KIM CHURAS			Address LILA DELMAN REAL ESTATE		
Address 41 OCEAN ROAD			City NARRAGANSETT	Zip 02882	

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



File Date 11/17/04
Check No. 120
By: W.
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 [Signature] Date 9/27/04
Print or Type Name of Authorized Person BENJAMIN WALKER