



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. 143906		2. Exact name of the limited liability company Essex Richmond II LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial Property Owner / Operator	
5. Principal office address 1 Richmond Square, Suite 100C		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Chadwick Stern c/o Essex Rich		Contact Title Analyst	
Street Address 225 Friend Street		City Boston	State MA
		Zip 02114	
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 John Fenton, Pres		Manager Name Robert King, CLO	
Street Address 225 Friend Street		Street Address 225 Friend Street	
City Boston	State MA	City Boston	State MA
	Zip 02114		Zip 02114
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 ESSEX RICHMOND VENTURES LLC		Address	
Address ONE RICHMOND SQUARE, SUITE 100C		City PROVIDENCE	Zip 02906

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



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	11/10/05	*143906*
Check No	1066	
By:		
FOR SECRETARY OF STATE USE ONLY		

Signature of Authorized Person Date 11/20/05
John W. Fenton
Print or Type Name of Authorized Person