



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. 97515		2. Exact name of the limited liability company MARTHENS & COMPANY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT AND DEVELOPMENT			
5. Principal office address PO Box 1788			City Block Island	State RI	Zip 02807
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Bradford G. Marthens			Contact Title		
Street Address PO Box 1788			City Block Island	State RI	Zip 02807
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	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 VICTOR J. ORSINGER			Address 53 HIGH STREET		
Address P.O. BOX 558			City WESTERLY	Zip 02891	

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	9/18/06	*97515*
Check No.	21117	
By:	<i>B</i>	
FOR SECRETARY OF STATE USE ONLY		

Bradford G. Marthens
Signature of Authorized Person
9.12.06
Date
Bradford G. Marthens
Print or Type Name of Authorized Person



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

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Agent Name Victor J. Orsinger			Address		
Address 53 High Street		City Westerly	Zip 02891		

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 NOV 30 1 24 PM '04

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

File Date	FILED
Check No.	NOV 30 2004
By:	By 151453
FOR SECRETARY OF STATE USE ONLY GM	

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.

Bradford G. Marthens 11.10.04
 Signature of Authorized Person Date
Bradford G. Marthens, Member
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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Agent Name Victor J. Orsinger		Address	
Address 53 High Street		City Westerly	Zip 02891

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

Bradford G. Marthens 11-16-04
Signature of Authorized Person Date

Bradford G. Marthens, Member
Print or Type Name of Authorized Person

File Date **FILED**

Check No. **NOV 30 2004**

By: By MSK/53 GAA

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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 2002

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Agent Name Victor J. Orsinger		Address	
Address 53 High Street		City Westerly	Zip 02891

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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.

Bradford G. Marthens 11.16.04
Signature of Authorized Person Date

Bradford G. Marthens, Member
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 30 2004
By:	By M51453
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Office of the Secretary of State
Matthew A. Brown, Secretary of State

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100 North Main Street
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

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Address 53 High Street		City Westerly	Zip 02891

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NOV 30 1 13 PM '04

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 **11.16.04**

Bradford G. Marthens, Member
Print or Type Name of Authorized Person

FILED
File Date NOV 30 2004
Check No. BY M 51453
By: gab
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 Office of the Secretary of State
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File Date NOV 30 2004
Check No. By M 51453600
By: By M 51453600
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.

Bradford G. Marthens
 Signature of Authorized Person
 11.16.04
 Date
Bradford G. Marthens, Member
 Print or Type Name of Authorized Person



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

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File Date _____
Check No. **NOV 30 2004**
By: **By 1251453 GAA**

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Bradford G. Marthens **11.16.04**
Signature of Authorized Person Date
Bradford G. Marthens, Member
Print or Type Name of Authorized Person



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Bradford G. Marthens
Signature of Authorized Person Date 11-16-04

Bradford G. Marthens, Member
Print or Type Name of Authorized Person

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