



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|-------|---|-----------------------------|
| 1. ID No. 137707 | | 2. Exact name of the limited liability company ALEX PROPERTY MANAGEMENT, LLC. | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island any legal business | |
| 5. Principal office address 8 Cedar Swamp Road | | City Smithfield | State RI Zip 02917 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Alejandro Chancas | | Contact Title Member | |
| Street Address 54 Alice Street | | City East Providence | State RI Zip 02914 |
| 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 Alejandro Chancas | | Address | |
| Address 54 Alice Street | | City East Providence | Zip RI 02914 |

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



FILED

| | |
|---------------------------------|-----------------------------|
| File Date | AUG 11 2005 |
| Check No. | By <u>[Signature]</u> 14081 |
| By: | |
| 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.

Alejandro Chancas 07/28/05
Signature of Authorized Person Date
Alejandro Chancas
Print or Type Name of Authorized Person