



Matthew A. Brown, Secretary of State

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. 143908		2. Exact name of the limited liability company 935-937 Smith St. Realty, 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 RENTAL	
5. Principal office address 937 SMITH ST		City PROVIDENCE	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VITO BUONOMANO		Contact Title OWNER-MANAGER	
Street Address 21 MATHEWSON ST		City NARRAGANSETT	State R.I.
		Zip 02882	
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 VITO BUONOMANO		Manager Name LOUISE BUONOMANO	
Street Address 21 MATHEWSON ST		Street Address 21 Mathewson St	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name VITO D. BUONOMANO		Address	
Address 21 MATHEWSON STREET		City NARRAGANSETT	Zip 02882

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



FILED

File Date	9/29/05
Check No.	1351
By:	<i>CLM</i>
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.

X Louise J A Buonomano 8/29/05
X Vito D Buonomano 8/29/05
 Signature of Authorized Person Date
 LOUISE J A BUONOMANO
 VITO BUONOMANO
 Print of Type Name of Authorized Person