



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. 142210		2. Exact name of the limited liability company FERRARO REALTY ENTERPRISES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Commercial real estate rental</i>			
5. Principal office address <i>P.O. Box 233</i>		City <i>Narragansett</i>	State <i>RI</i>	Zip <i>02882</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>Carol Cuoco</i>		Contact Title <i>manager</i>			
Street Address <i>P.O. Box 233</i>		City <i>Narragansett</i>	State <i>RI</i>	Zip <i>02882</i>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) [] 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 TERRY SOMERS		Address 3670 WEST SHORE ROAD			
Address P.O. BOX 6758		City WARWICK	Zip 02887		

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



File Date <i>11/17</i>	*142210*
Check No. <i>163</i>	
By: <i>[Signature]</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.

Carol Cuoco 9-19-05
Signature of Authorized Person Date
Carol Cuoco
Print or Type Name of Authorized Person