

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company L. ID No. 140912 Shelter Cove Properties, LLC 3. State of Formation 4. Brief description of the character of the hustness which is actually conducted in Rhode Island **RHODE ISLAND** Investing in and operating real estate. 5 Principal office address State Zip 1174 Kingstown Rd., Route 108 102879 Peace Dale RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Jeffrey Gardner Manager Street Address City State Z(p 02879 1174 Kingstown Road, Route 108 Peace Dale RI 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 <u>Jeffrey Gardner</u> Street Address Street Address <u>1174 Kingstown Road.</u> Route 108 State Ζір Peace Dale RI 02879 Manager Name Street Address Street Address Zíp City State 7.Ip City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address **CHARLES H. BOISSEAU** Address 7.ip 155 SOUTH MAIN STREET PROVIDENCE 02903-

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

File Date	\b	25	7 3.140912.	
Check No.	······	2h		_
Ву:		No		_
FOR SECRETARY OF STATE USE ONLY				

	lare and affirm that I have examined this report, chedules and statements, and that all statements, correct.
A	10listos
Signature of Authorized Person	Date CAMPUCA
Print or Type Name of Authorize	<u> </u>