

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

Filing Period: Septen	iber 1 -	November I 👤 •	Filing Fee: \$50.00					
(FORM MUST BE TYPED						-		
1. ID No. 131213		name of the limited liability company uff LLC						
3. State of Formation	1463 0		of the champion of the business of	rbich is actually conducted in Rhode Isl	and			
l neitenanne			y for confidency me morniss o	ible a ticinary conducted in arout is	u-114			
RHODE ISLAND								
5. Principal office address		<u> </u>		City	State		Zip	
ONE JAMES STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM			PROVIDENCE IE OR TITLE OF CONTACT PE	RI.		02903		
Contact Name				Contact Title	•	_		
PETER J. ROT	TELLI			CO-MANAGER	CO-MANAGER			
Sircei Address			<u> </u>	City	State		Zip	
ONE JAMES ST	TREET			PROVIDENCE	RI.	- · • ·	_ 02903	
7. NAME AND ADDI	RESS OF			BILITY COMPANY, IF APPLIC		_		
		FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS ("X" BOX FOR	ATTACHMENT,) [] 	: en	
	Y MODI	FICATIONS TO A	AANAGERS REQUIRES F	TILING OF AMENDMENT, R.I.G	5.1 /-10-12 (a	1)(2)//-10	1-74	
Manager Name				Manager Name				
PETER J. ROTELLI			THOMAS J. PRIMEAU					
Street Address			Street Address					
ONE JAMES ST	TREET			1030 IVES ROAD				
City		State	Zip	City	State		Zip	
PROVIDENCE		RI	02903	E. GREENWICH	RI		J 02818	
Manager Name				Manager Name				
Street Address				Sirvei Address				
City		State	Zip	City	State		Zip	
8. RESIDENT AGEN	T-IN RH	I ODE ISLAND - I	 O NOT ALTER - Change	: es require filing of Form 642	! - R.I.G.L. 7-1	6-11		
Agent Name				Address		-	.	
PETER J. ROTELLI							<u> </u>	
Address			City Zip		Zip			
ONE JAMES STREET			PROVIDENCE 02903-					
	-		· · · · · · · · · · · · · · · · · · ·	· · · ·		•	· · · · · · · · · · · · · · · · · · ·	

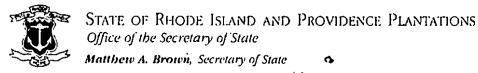
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	99	05*131213*	
Check No		303	
Ву:)A	
	FOR SECRETARY O	F STATE USE ONLY	

Under penalty of perjury, I declare and affirm	that I have examined this report,
including any accompanying schedules and sta	atements, and that all statements.
contained bettein are true and cofrect.	

Signature of Authorized Person

PETER J. ROTELLI
Print or Type Name of Authorized Person



Corporations Division

100 North Main Street Providence, RI 02903-1335 401.222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

Filing Period: Septem	ber 1 - November 1	• Filling Fee: \$50.00			-	
(FORM MUST BE TYPED O	R PRINTED IN BLACK)					
I. II) No.	2. Exact name of the limited	liability company	-			
131213	Ives Bluff LLC					
3. State of Formation	4 Brief description	i of the character of the busines	subject is actually conducted in Rhode Is	Sland		
RHODE ISLAND	REAL E	STATE				
5. Principal office address	<u>. </u>		City	State	Zip	
ONE IAM	ES STREET		PROVIDENCE	RI	02903	
		ITY COMPANY AND NA	ME OR TITLE OF CONTACT PI	ERSON:	•	
Contact Name			Contact Title			
PETER J	. ROTELLI		CO-MANAGER			
Street Address			City	State	Zip	
ONE JAM	ES STREET		PROVIDENCE	RI	02903	
7. NAME AND ADDR			ABILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR		י ז	
ANY			FILING OF AMENDMENT, R.L.			
Manager Name		_	Manager Name			
PETER J	. ROTELLI		THOMAS J. PRIMEA	\U		
Street Address			Street Address			
ONE JAM	ES STREET		1030 IVES ROAD			
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02903	E. GREENWICH	RI	02818	
Manager Name			Manager Nume			
Street Address			Street Address		-	
City	State	Zip	City	State	Zφ	
					i	
8. RESIDENT AGENT	IN RHODE ISLAND $\boldsymbol{\cdot}$	DO NOT ALTER - Chan	ges require filing of Form 64	2 - R.J.G.L. 7-16-1	11	
Agent Name			Address			
PETER J. ROTELLI						
Address	<u> </u>		City	Z	lp	
ONE JAMES STREET			PROVIDENCE	02903-		

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



ile Date 10404			
heck No			
vO4			
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 begin are true and correct.

Signature of Authorized Person

PETER J. ROTELLI

Print or Type Name of Authorized Person