



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. 144116		2. Exact name of the limited liability company Olson & Parent 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 holding and other legal business	
5. Principal office address 417 PLAINFIELD STREET		City PROVIDENCE	State RI
		Zip 02909-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas Olson		Contact Title	
Street Address 417 PLAINFIELD STREET		City PROVIDENCE	State RI
		Zip 02909	
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 N/A		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JOSEPH A. KEOUGH, JR.		Address 100 ARMISTICE BOULEVARD	
Address		City PAWTUCKET	Zip 02860-

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



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File Date 9/23/05

Check No. 5276

By: A

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.

Thomas C. Olson 9-12-05
Signature of Authorized Person Date

Thomas Olson
Print or Type Name of Authorized Person