



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 136120		2. Exact name of the limited liability company Marrinan Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, DEVELOPE, PURCHASE, SEE AND DEAL IN & WITH REAL ESTATE	
5. Principal office address ONE LACROIX DRIVE, SUITE 1		City WEST WARWICK	State RI
		Zip 02893-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH P. MARRINAN, III		Contact Title	
Street Address ONE LACROIX DRIVE, SUITE 1		City WEST WARWICK	State RI
		Zip 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> 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 NONE		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*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 E. COLBY CAMERON		Address 56 EXCHANGE TERRACE	
Address		City PROVIDENCE	Zip 02903-

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



1 3 6 1 2 0

136120 DLLC 09/13/05 11:13:53 AM

File Date **FILED**

Check No. **NOV 14 2005**

By: **BY**

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.

Signature of Authorized Person

Date

JOSEPH P. MARRINAN, III

Print or Type Name of Authorized Person



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136120 DLLC 08/31/04 11:13:53 AM	
File Date	9/17/04
Check No.	6264
By:	DA
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.

Signature of Authorized Person

Date

JOSEPH P. MARRINAN, III

Print or Type Name of Authorized Person