



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. 136521		2. Exact name of the limited liability company THE PECK BUILDING, 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 Management			
5. Principal office address PO Box 74, 32 Cole St.		City Warren	State RI	Zip 02885	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alayne S. Barnicoat			Contact Title Member		
Street Address PO Box 74, 32 Cole St.		City Warren	State RI	Zip 02885	
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			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 JOHN A. GLASSON, ESQ.			Address		
Address ONE PROVIDENCE WASHINGTON PLAZA, 5TH FLOOR			City PROVIDENCE	Zip 02903-	

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



File Date	10/13/05	*136521*
Check No.	0336	
By:	CXC	
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.

Alayne S. Barnicoat 10/10/05
Signature of Authorized Person Date

Alayne S. Barnicoat
Print or Type Name of Authorized Person