



**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. 144121		2. Exact name of the limited liability company ANDES REALTY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island The Ownership and Leasing of Real Estate	
5. Principal office address 967 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02904-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Miguel A. Fuentes		Contact Title	
Street Address 967 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02904-	
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	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 IGLIOZZI & REIS, LLP		Address 926 PARK AVENUE	
Address		City CRANSTON	Zip 02910-

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



1 4 4 1 2 1

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.

*Miguel A. Fuentes* 10/18/05  
Signature of Authorized Person Date

Miguel A. Fuentes  
Print or Type Name of Authorized Person

*144121 DLLC 09/12/05	0:52:45 PM
File Date	11/15/05
Check No.	3619
By:	<i>M</i>
FOR SECRETARY OF STATE USE ONLY	