



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 02903-1331  
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. 137422		2. Exact name of the limited liability company BEARA CAPITAL LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Own real and personal property and to make, service, and collect loans			
5. Principal office address 2 ALTIERI WAY		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN M. MURPHY		Contact Title Member			
Street Address 2 ALTIERI WAY		City WARWICK	State RI	Zip 02886	
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 HEALY MANAGEMENT LLC		Manager Name			
Street Address 2 ALTIERI WAY		Street Address			
City WARWICK	State RI	Zip 02886	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 J. PARTRIDGE		Address			
Address 180 SOUTH MAIN STREET		City PROVIDENCE, RI		Zip 02903	

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



1 3 7 4 2 2

File Date 9/7/05  
Check No. 1010  
By: DA

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 [Signature] Date 8/2/05

Healy Management LLC, Manager, by John M. Murphy, Manager

Print or Type Name of Authorized Person