



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. 136022		2. Exact name of the limited liability company Cove Point Associates, 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	
5. Principal office address 178 ADAMS POINT ROAD		City BARRINGTON	State RI
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CAROLINE R. ELLIOTT		Contact Title	
Street Address 178 ADAMS POINT ROAD		City BARRINGTON	State RI
		Zip 02806	
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 NONE		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER- Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER	
Address HASLAW, LLC		City PROVIDENCE	Zip 02903

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



1 3 6 0 2 2

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.

Sandra Matrone Mack 9/27/05
Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC
Print or Type Name of Authorized Person

136022 DLLC 09/21/05 03:09:08 PM

File Date 9/28/05

Check No. 17/369

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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1. ID No. 136022		2. Exact name of the limited liability company Cove Point Associates, 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			
5. Principal office address 178 ADAMS POINT ROAD			City BARRINGTON	State RI	Zip 02806
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CAROLINE R. ELLIOTT			Contact Title		
Street Address 178 ADAMS POINT ROAD			City BARRINGTON	State RI	Zip 02806
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 None			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 SANDRA MATRONE MACK, SEC.			Address 1500 FLEET CENTER		
Address HASLAW, LLC			City PROVIDENCE	Zip 02903	

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



1 3 6 0 2 2

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.

Sandra Matrone Mack 10-19-04
Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC
Print or Type Name of Authorized Person

136022 DLLC 10/18/04 03:39:25 PM

File Date 11/8/04

Check No. 163375

By: U.

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