



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. 132123		2. Exact name of the limited liability company Ocean Reef Investments LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING AND LEASING REAL PROPERTY			
5. Principal office address 30 KENNEDY PLAZA; SUITE 400		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOUGLAS G. MANCOSH		Contact Title			
Street Address 30 KENNEDY PLAZA; SUITE 400		City PROVIDENCE	State RI	Zip 02903	
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 DOUGLAS G. MANCOSH		Manager Name			
Street Address 30 KENNEDY PLAZA; SUITE 400		Street Address			
City PROVIDENCE	State RI	Zip 02903	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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE			
Address CAMERON & MITTLEMAN LLP		City PROVIDENCE	Zip 02903-		

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



1 3 2 1 2 3

132123 DLG 09/02/04 11:12:51 AM

File Date 11/10/05

Check No. 1131

By: [Signature]

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] 11/18/05
Signature of Authorized Person Date

Douglas G. Mancosh
Print or Type Name of Authorized Person



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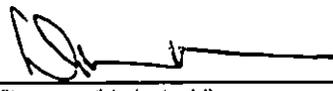
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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING AND LEASING REAL PROPERTY			
5. Principal office address DEVIL'S FOOT ROAD, P.O. BOX 952 ^{982 Du}		City NORTH KINGSTOWN	State RI	Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOUGLAS G. MANCOSH		Contact Title			
Street Address DEVIL'S FOOT ROAD, P.O. BOX 952 ^{982 Du}		City NORTH KINGSTOWN	State RI	Zip 02852	
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Street Address DEVIL'S FOOT ROAD, P.O. BOX 952		*Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	*City	*State	*Zip
Manager Name		*Manager Name			
Street Address		*Street Address			
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1 3 2 1 2 3

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.

 9/14/04
Signature of Authorized Person Date

Douglas G. Mancosh
Print or Type Name of Authorized Person

132123 DLLC 09/02/04 11:12:51 AM
File Date 9/22/04
Check No. 165614
By: DA
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