



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. 133023		2. Exact name of the limited liability company LLCS HOLDINGS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE	
5. Principal office address 46 Wells Street		City Westerly	State RI
			Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Angela M Smith		Contact Title Administrator	
Street Address 46 Wells Street		City Westerly	State RI
			Zip 02891
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 Address	
Street Address		Street Address	
City	Zip	City	Zip
State		State	
Manager Name		Manager Name	
Street Address		Street Address	
City	Zip	City	Zip
State		State	
8. LIQUIDATING AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ALLEN W. LEADBETTER		Address	
Address 46 WELLS STREET		City WESTERLY	Zip 02891-

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



File Date 9/30/05 *133023*

Check No. 1348

By: AK

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] Date 8-30-05

Signature of Authorized Person

Walter Slante President

Print or Type Name of Authorized Person



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5. Principal office address 46 WELLS STREET			City WESTERLY	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ALLEN W. LEADBETTER			Contact Title MEMBER		
Street Address 46 WELLS STREET			City WESTERLY	State RI	Zip 02891
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 ALLEN W. LEADBETTER			Address		
Address 46 WELLS STREET			City WESTERLY	Zip 02891	

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



File Date 11/24/04
 Check No. 1276
 By: W.
 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.

Allen W. Leadbetter 11/22/04
 Signature of Authorized Person Date
Allen W. Leadbetter
 Print or Type Name of Authorized Person