



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. <b>132324</b>		2. Exact name of the limited liability company <b>Riverside Real Estate LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWNING, OPERATING, LEASING, BUYING, SELLING, AND OTHERWISE DEALING WITH REAL ESTATE</b>	
5. Principal office address <b>670 Willett Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02915</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>William J. Conley, Jr.</b>		Contact Title <b>Member</b>	
Street Address <b>670 Willett Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02915</b>	
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 <b>N/A</b>		Manager Name <b>N/A</b>	
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 <b>WILLIAM J. CONLEY, JR.</b>		Address	
Address <b>670 WILLETT AVENUE</b>		City <b>EAST PROVIDENCE</b>	Zip <b>02915</b>

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



File Date	<b>10/25/05</b>	<b>132324</b>
Check No.	<b>1094</b>	
By:	<b>CCW</b>	
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.

**WJ Conley, Jr.** **10-24-05**  
Signature of Authorized Person Date  
**William J. Conley, Jr.** **Member**  
Print or Type Name of Authorized Person



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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted by Rhode Island Owning, operating, leasing, buying, selling, and otherwise dealing with real estate	
5. Principal office address 670 Willett Avenue		City East Providence	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William J. Conley, Jr.		Contact Title	
Street Address 670 Willett Avenue		City East Providence	State RI
		Zip 02915	
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Agent Name WILLIAM J. CONLEY, JR.		Address	
Address 670 WILLETT AVENUE		City EAST PROVIDENCE	Zip 02915

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



\* 1 3 2 3 2 4 \*

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 William J. Conley, Jr. Date 10/27/04  
William J. Conley, Jr.  
Print or Type Name of Authorized Person

File Date	<u>10/27/04</u>
Check No.	<u>989</u>
By:	<u>WJ</u>
FOR SECRETARY OF STATE USE ONLY	