



**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. 142124		2. Exact name of the limited liability company Prism Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in any lawful act or activity for which limited liability companies are formed.			
5. Principal office address 3 Ira Von Circle			City Foxboro	State MA	Zip 02035
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William Paolino			Contact Title Member		
Street Address 3 Ira Von Circle			City Foxboro	State MA	Zip 02035
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 JOSEPH TUDINO			Address		
Address 915 SMITH STREET			City PROVIDENCE	Zip 02908-	

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



File Date 8/8/06 \*142124\*

Check No. 405

By: BP

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.

William Paolino July 20, 2006  
Signature of Authorized Person Date

William Paolino  
Print or Type Name of Authorized Person