



**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>144124</b>		2. Exact name of the limited liability company <b>Cedar Creek 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>HORSE TRAINING AND BOARDING AND LESSONS</b>			
5. Principal office address <b>54 DIAMOND HILL ROAD</b>		City <b>BRADFORD</b>	State <b>RI</b>	Zip <b>02808</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>DANA CUSHMAN</b>			Contact Title <b>OWNER</b>		
Street Address <b>54 DIAMOND HILL ROAD</b>		City <b>BRADFORD</b>	State <b>RI</b>	Zip <b>02808</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 <del>DANA CUSHMAN</del> N/A		Manager Name N/A			
Street Address <del>STATE</del> N/A		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		Manager Name N/A			
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 <b>DANA CUSHMAN</b>			Address		
Address <b>54 DIAMOND HILL ROAD</b>		City <b>BRADFORD</b>	Zip <b>02808</b>		

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



File Date <u>11/25/05</u>	*144124*
Check No. <u>255</u>	
By: <u>[Signature]</u>	
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] 9/15/05  
Signature of Authorized Person Date  
**DANA CUSHMAN**  
Print or Type Name of Authorized Person