



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. 125827		2. Exact name of the limited liability company 97 John Clarke Road, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION OF REAL ESTATE AT 97 JOHN CLARKE ROAD, MIDDLETOWN RI, TO IMPROVE AND LEASE AS PROFESSIONAL OFFICES	
5. Principal office address 97 John Clarke Road		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Casten		Contact Title Manager	
Street Address 97 John Clarke Road		City Middletown	State RI
		Zip 02842	
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 Richard Casten		Manager Name Laurent L. Rousseau	
Street Address 97 John Clarke Road		Street Address 97 John Clarke Road	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
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 LAURENT L. ROUSSEAU		Address	
Address 97 JOHN CLARKE ROAD		City MIDDLETOWN	Zip 02842

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



File Date	10/05/05	*125827*
Check No.	502	
By:	CXC	
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 of Authorized Person Date 9/9/05

Laurent L. Rousseau, Manager

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 in Rhode Island ACQUISITION OF REAL ESTATE AT 97 JOHN CLARKE ROAD, MIDDLETOWN RI, TO IMPROVE AND LEASE AS PROFESSIONAL OFFICES			
5. Principal office address 97 John Clarke Road			City Middletown	State RI	Zip 02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard Casten			Contact Title Manager		
Street Address 97 John Clarke Road			City Middletown	State RI	Zip 02842
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 Richard Casten			Manager Name Laurent L. Rousseau		
Street Address 97 John Clarke Road			Street Address 97 John Clarke Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 LAURENT L. ROUSSEAU			Address		
Address 97 JOHN CLARKE ROAD			City MIDDLETOWN	Zip 02842-	

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



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.

File Date 10/14/04
Check No. 373
By: W.
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person
Date 10/1/04
Richard J. Casten
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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1. ID No. 125827		2. Exact name of the limited liability company 97 John Clarke Road, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquisition of real estate located at 97 John Clarke Road, Middletown, RI, to improve same & to lease same as professional offices	
5. Principal office address 97 John Clarke Road		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Laurent L. Rousseau		Contact Title Manager	
Street Address 97 John Clarke Road		City Middletown	State RI
		Zip 02842	
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 Laurent L. Rousseau		Manager Name Richard Casten	
Street Address 97 John Clarke Road		Street Address 97 John Clarke Road	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Manager Name None		Manager Name None	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name LAURENT L. ROUSSEAU		Address 97 John Clarke Road	
Address 97 John Clarke Road		City Middletown	Zip 02842

RECEIVED
SEP 11 35 AM '03

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



* 1 2 5 8 2 7 *

FILED

File Date SEP 09 2003

Check No. BY M5293 CMB

By: _____

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.

Laurent L. Rousseau 9/5/03
Signature of Authorized Person Date

LAURENT L. ROUSSEAU
Print or Type Name of Authorized Person