



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. 133028		2. Exact name of the limited liability company The Village at Wordens Pond LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT.			
5. Principal office address 117 Camden Road		City Narragansett	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anthony J. Fiore			Contact Title Manager		
Street Address 117 Camden Road		City Narragansett	State RI	Zip 02882	
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 Anthony J. Fiore			Manager Name Lisa Fiore		
Street Address 117 Camden Road		Street Address 74 Kettle Pond Drive			
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
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 STEPHEN B. KENYON			Address		
Address 133 OLD TOWER HILL ROAD		City WAKEFIELD	Zip 02879-		

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



File Date	9/2/05	*133028*
Check No.	3249	
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.

Signature of Authorized Person
Date: 9/1/05
Anthony J. Fiore
Print or Type Name of Authorized Person



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1. ID No. 133028		2. Exact name of the limited liability company The Village at Wordens Pond LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment			
5. Principal office address 117 Camden Road			City Narragansett	State Ri	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anthony J. Fiore			Contact Title Manager		
Street Address 117 Camden Road			City Narragansett	State RI	Zip 02882
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 Anthony J. Fiore			Manager Name		
Street Address 117 Camden Road			Street Address		
City Narragansett	State RI	Zip 02882	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 ANTHONY FIORE			Address		
Address 117 CAMDEN ROAD			City NARRAGANSETT	Zip 02882	

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
SEP 22 1 05 PM '04

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



* 1 3 3 0 2 8 *

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 FILED
Check No. SEP 23 2004
By: By 147658
FOR SECRETARY OF STATE USE ONLY GM

SEP 17 12 28 PM '04
SECRETARY OF STATE
CORPORATIONS DIV.
RECEIVED

Anthony J. Fiore
Signature of Authorized Person
9/16/04
Date
Anthony J. Fiore
Print or Type Name of Authorized Person