



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 133128		2. Exact name of the limited liability company FLOYD & RILEY, 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 RENTALS	
5. Principal office address 441 Snake Hill Road		City N. Scituate	State RI Zip 02857
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kimberly Baptista		Contact Title .	
Street Address 441 Snake Hill Road		City N. Scituate	State RI Zip 02857
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 NONE		Manager Name NONE	
Street Address		Street Address	
City	State	Zip	City
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KIMBERLY BAPTISTA		Address 441 Snake Hill Road	
Address		City N. Scituate	Zip 02857

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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133128 DLLC 08/02/06 04:23:20 PM

File Date **FILED**

Check No. **SEP 01 2006**

By **AK 12-190**

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.

Kimberly Baptista 8/2/2006
Signature of Authorized Person Date

Kimberly Baptista
Print or Type Name of Authorized Person



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133128		2. Exact name of the limited liability company Floyd & Riley (Realty), 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 Rentals	
5. Principal office address One Lonsdale Avenue		City Pawtucket	State RI
		Zip 02860-3507	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Chia Blais		Contact Title Contact	
Street Address One Lonsdale Avenue		City Pawtucket	State RI
		Zip 02860-3507	
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	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 Chia Blais		Address One Lonsdale Avenue	
Address		City Pawtucket, RI	Zip 02860-3507

FILED
SEP 22 2004
By KMC
C 45332

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



1 3 3 1 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.

Signature of Authorized Person

Date

Chia Blais

Print or Type Name of Authorized Person

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY