



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. 143728		2. Exact name of the limited liability company 29 - 36 Carmichael Lane 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 INVESTMENTS	
5. Principal office address 130 ANGELL ROAD		City CUMBERLAND	State RI
			Zip 02864
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name E. ERIC YEGHIAN		Contact Title MANAGER (E.Y.)	
Street Address 130 ANGELL ROAD		City CUMBERLAND	State RI
			Zip 02864
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 E. ERIC YEGHIAN (E.Y.)		Manager Name	
Street Address 130 ANGELL ROAD (E.Y.)		Street Address	
City CUMBERLAND (E.Y.)	State RI (E.Y.)	City	State
	Zip 02864 (E.Y.)		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 PETER J. ROTELLI		Address	
Address ONE JAMES STREET		City PROVIDENCE	Zip 02903-

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



File Date _____ *143728*
FILED
Check No. _____ SEP 09 2005
By: _____ By: K.M.C.
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
E. ERIC YEGHIAN
Print or Type Name of Authorized Person