



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. 113128		2. Exact name of the limited liability company Eighty-Five Ocean Road in Narragansett, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING, OWNING, BUYING, SELLING, PLEDGING AND OTHERWISE DEALING IN REAL ESTATE			
5. Principal office address 50 Exchange Terrace, Suite 320			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul Plourde			Contact Title Co-Operating Manager		
Street Address 50 Exchange Terrace, Suite 320			City Providence	State RI	Zip 02903
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 Piyush J. Patel			Manager Name Paul Plourde		
Street Address 50 Exchange Terrace, Suite 320			Street Address 50 Exchange Terrace, Suite 320		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 PAUL PLOURDE, ESQ.			Address PLOURDE, BOGUE, MCLAUGHLIN		
Address 50 EXCHANGE TERRACE, SUITE 320			City PROVIDENCE	Zip 02903-	

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



113128

File Date	10/20/05
Check No.	1547
By:	CPK
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
10/18/05
Piyush J. Patel, Operating Manager
Print or Type Name of Authorized Person



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Address 50 EXCHANGE TERRACE, SUITE 320			City PROVIDENCE	Zip 02903-	

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* 1 1 3 1 2 8 *

File Date 11/1/04
Check No 1293
By: DA
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] 11/1/04
Signature of Authorized Person Date
Piyush J. Patel, Co-Operating Manager
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, SUITE 320		City PROVIDENCE	Zip 02903

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



* 1 1 3 1 2 8 *

File Date **FILED**

Check No **NOV 21 2003**

By: **By m12420**

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.

Piyush J. Patel **11/12/03**
Signature of Authorized Person Date
Piyush J. Patel, Co-Operating Manager
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Street Address 50 Exchange Terrace, Suite 320			Street Address 50 Exchange Terrace, Suite 320		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 PAUL PLOURDE, ESQ.			Address PLOURDE, BOGUE, MCLAUGHLIN		
Address 50 EXCHANGE TERRACE, SUITE 320			City PROVIDENCE	Zip 02903-	

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



* 1 1 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.

File Date 11-13-02
Check No. 469
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 11/13/02
Signature of Authorized Person Date
Piyush J. Patel, Co-Operating Manager
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 113128

Annual Report for the year 2001

1. The name of the limited liability company is:

Eighty-Five Ocean Road in Narragansett, LLC

2. The address of the principal office of the limited liability company is:

50 Exchange Terrace, Suite 320, Providence, RI 02903

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PAUL PLOURDE, ESQ.

PLOURDE, BOGUE, MCLAUGHLIN ONE CITIZENS PLAZA, SUITE 830 PROVIDENCE RI 02903-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Paul Plourde, Co-Operating Manager

50 Exchange Terrace, Suite 320, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: holding, owning, buying, selling, pledging and otherwise dealing in real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Paul Plourde, Esq.

50 Exchange Terrace, Suite 320, Providence, RI 02903

Piyush J. Patel

same

Co-Operating Managers

Dated 10/11 2001

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.



Eighty-Five Ocean Road in Narragansett, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11-5-01</u>
Check No.:	<u>309</u>
By:	<u>[Signature]</u>

By [Signature]
Co-Operating Manager
Title

Form No. 632
Revised 01/99

DETACH BOTTOM! BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be