

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

1 ID No 2. Exact name of the limited liability company 137930 589 Reservoir Avenue LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND real estate ownership and management			
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island			
	39 Reservoir Avenue LLC		
RHODE ISLAND real estate ownership and management			
	ownership and management		
5. Principal office address City State	Zip		
815 Reservoir Avenue Cranston RI	02910		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Nathaniel B. Baker Contact Title Member	Contact Title Member		
Street Address 815 Reservoir Avenue City Cranston RI	²⁴⁹ 02910		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) Manager Name Manager Name	/ 7-16-52 -		
Street Address Street Address	Sirrei Address		
City State Ztp 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 Address			
NORMAN JAY BOLOTOW			
Address Gity Zip			
95 CHESTNUT STREET PROVIDENCE 02903.			

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

File Date	9/12/05-137930	
Check No	1084	
Ву:	C/v	•
	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

Nathaniel B. Baker
Print or Type Name of Authorized Person