



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. 123532		2. Exact name of the limited liability company ENO REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and develop real estate			
5. Principal office address 250 Mendon Road		City Cumberland	State RI	Zip 02864-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Eno		Contact Title Member			
Street Address 250 Mendon Road		City Cumberland	State RI	Zip 02864-0000	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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) I. 7-16-52					
Manager Name John Eno		Manager Name			
Street Address 250 Mendon Road		Street Address			
City Cumberland	State RI	Zip 02864	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 John Eno		Address 250 Mendon Road			
Address		City Cumberland	State RI	Zip 02864	

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

File Date	9/27/05
Check No.	1364
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.

	September 6, 2005
Signature of Authorized Person	Date
John Eno	
By:	
Print or Type Name of Authorized Person	
Member	



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. 123532		2. Exact name of the limited liability company ENO REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and develop real estate			
5. Principal office address 211 Broad Street			City Cumberland	State RI	Zip 02864-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Eno			Contact Title Member		
Street Address 211 Broad Street			City Cumberland	State RI	Zip 02864-0000
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 John Eno			Manager Name		
Street Address 211 Broad Street			Street Address		
City Cumberland	State RI	Zip 02864	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 John Eno			Address 211 Broad Street		
Address			City Cumberland	State RI	Zip 02864

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

File Date	12/2/04
Check No.	1337
By:	JD
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.

September 7, 2004
Signature of Authorized Person _____ Date
John Eno
Print or Type Name of Authorized Person
By: _____
Member



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Manager Name John Eno		Manager Name			
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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 John Eno		Address 211 Broad Street			
Address		City Cumberland	State RI	Zip 02864	

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

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] **September 2, 2003**
Signature of Authorized Person Date
John Eno **Member**
Print or Type Name of Authorized Person

RECEIVED
RECEIVED
File Date **JAN 30 2004**
Check No. **JAN 9 2004**
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY