

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

filing Period: Sept FORM MUST BE TYPE			• Filing Fee: \$50.00	•			
1 //2 A/a. 136732	2. Exact	name of the limited liability company RIAN COMPLEX, LLC.					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the husbut FOR THE ACQUISITION, MAINTENANCE				res urbich is actually conducted in Rhode Island CE AND SALE OF REAL PROPERTY			
5. Principal office addr	<u>.</u>	<u> </u>		City	State	Zíp	
PO Box 1633	32			Rumford	RI	02916	
6. MAILING ADDR	ESS OF L	IMITED LIAB	ILITY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	·	
Contact Name				Contact Title			
Jeffrey \$.	Marar	ian		Manager			
Street Address			<u> </u>	City	State	Zip	
PO Box 163	332			Rumford	RI	02916	
Manager Name Jeffrey S.			O MANAGERS REQUIRE	S FILING OF AMENDMENT, I Manager Mame Street Address	R.I.G.L. 7-16-12 (a) (2)	-	
PO Box 163	332			SPECI ARRIES			
City		State	ZIp	City	State	ZIP	
Rumford		RI	02916				
Manager Name				Manager Name			
Street Address			Street Address				
City		State	Zip	City	State	Zip	
8. RESIDENT AGE Agent Name	NT IN RH	I . ODE ISLAND	- DO NOT ALTER - Cha	nges require filing of Form Address	642 - R.I.G.L. 7-16-11	'	
JOSEPH LO BIANCO)						
Address				City	Zip		
1000 SMITH STREET				PROVIDENCE	OVIDENCE 02908-		

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

File Date	*136732*				

Tile Date

Check No. NOV 0 2 2005

By: By St 79

FOR SECRETARY OF SMITH 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.

Stand Maraian Agn 11/105

SEFFREY S. MARARIAN, MON

Print or Type Name of Authorized Person



3. State of Formation

Frincipal office address

P.O. BOX 16332

1. ID No. 136732

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Provin Secretary of State

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

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

02916

State

RI

Matthew A. Brown, Secretary of State

2. Exact name of the limited liability company

MARARIAN COMPLEX, LLC.

(FORM MUST BE TYPED OR PRINTED IN BIACK)

LIMITED LIABILITY COMPA	NY ANNUAL REPORT FOR THE Y	EAR 2004
Filing Period: September 1 - November 1 -	Filing Fee: \$50.00 /	

RUMFORD

4. Brief description of the character of the business which is actually conducted in Rhode Island

FOR THE ACQUISITION, MAINTENANCE AND SALE OF REAL PROPERTY

JEFFREY S. MA	RARIAN		MANAGER		
Sinvi Addnis			City	State	Zip
P.O. BOX 16332			RUMFORD	RI	02916
	FILL IN SPA	CES BEFORE USING AT	IABILITY COMPANY, IF APP ITACHMENTS <i>("X" BOX F</i> IFILING OF AMENDMENT, I	OR ATTACHMENT) 🔲 –	/ 7-16-52
Manager Name JEFFREY S. MA	RARIAN		Manager Name		
Street Address			Street Address		
P.O. BOX 1633	-				
RUMFORD	State RI	^{Zip} 02916	City	State	Zip
Manager Name	IK1		Manager Name		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Street Address			Street Address		
City	State	Z(p	City	State	Zφ
8. RESIDENT AGENT Agent Name JOSEPH LO BIANCO	IN RHODE ISLAND	DO NOT ALTER - Char	nges require filing of Form Address	642 - R.I.G.L. 7-16-11	'
Address			City-	Zip	
1000 SMITH STREET			PROVIDENCE	02908-	
	This report n	ust be signed in ink by o	an authorized person pursuan	FILED SEP 3 0 2004 By Conc	C 46125
File Date Check No By:		5 2 * 	including any according to the contained herein a second and the contained herein and the contained herei	mpanying schedules and start true and correct. Mararian MARARIAN	that I have examined this report atements, and that all statements $\frac{\sqrt{9/23/04}}{Date}$
FOR SECRETAR	Y OF STATE USE ONLY		Print or Type Name	of Authorized Person	Form 632 Rev. 7/03