



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 136732		2. Exact name of the limited liability company MARARIAN COMPLEX, LLC.			
3. State of Formation RHODE ISLAND		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			
5. Principal office address PO Box 16332		City Rumford	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffrey S. Mararian			Contact Title Manager		
Street Address PO Box 16332		City Rumford	State RI	Zip 02916	
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 Jeffrey S. Mararian			Manager Name		
Street Address PO Box 16332			Street Address		
City Rumford	State RI	Zip 02916	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 JOSEPH LO BIANCO			Address		
Address 1000 SMITH STREET			City PROVIDENCE	Zip 02908-	

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



136732

File Date **FILED**
Check No. **NOV 02 2005**
By: **By 8479**
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.

Jeffrey S. Mararian Mgr 11/1/05
Signature of Authorized Person Date
JEFFREY S. MARARIAN, MGR
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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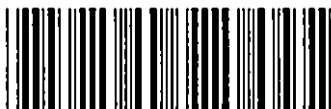
1. ID No. 136732		2. Exact name of the limited liability company MARARIAN COMPLEX, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FOR THE ACQUISITION, MAINTENANCE AND SALE OF REAL PROPERTY	
5. Principal office address P.O. BOX 16332		City RUMFORD	State RI
		Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFFREY S. MARARIAN		Contact Title MANAGER	
Street Address P.O. BOX 16332		City RUMFORD	State RI
		Zip 02916	
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			
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Street Address P.O. BOX 16332		Street Address	
City RUMFORD	State RI	City	State
Zip 02916		City	State
Manager Name		Manager Name	
Street Address		Street Address	
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Agent Name JOSEPH LO BIANCO		Address	
Address 1000 SMITH STREET		City PROVIDENCE	Zip 02908-

FILED

SEP 30 2004

By Kme C 46125

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



* 1 3 6 7 3 2 *

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Jeffrey S. Mararian 9/23/04
Signature of Authorized Person Date
JEFFREY S. MARARIAN
Print or Type Name of Authorized Person