



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 139132		2. Exact name of the limited liability company Mansolillo Family, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and manage real estate	
5. Principal office address 1130 Ten Rod Road, E207		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lynn F. Moran		Contact Title	
Street Address 1130 Ten Rod Road, E207		City North Kingstown	State RI
		Zip 02852	
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 Lynn F. Moran		• Manager Name	
Street Address 1130 Ten Rod Road, E207		• Street Address	
City North Kingstown	State RI	Zip 02852	• City
Manager Name Paula M. Schick		• Manager Name	
Street Address 262 Beacon Drive		• Street Address	
City North Kingstown	State RI	Zip 02852	• City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Thomas V. Moses, Esq.		Address Moses Afonso Jackvony, Ltd.	
Address 170 Westminster Street, Suite 201		City Providence	Zip 02903

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



1 3 9 1 3 2

File Date	10/17/05
Check No.	16535
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.

Signature of Authorized Person Date 9/29/05
Lynn F. Moran, Manager
Print or Type Name of Authorized Person



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File Date	10/13/05
Check No.	193
By	CXC
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 9/29/05
Lynn F. Moran, Manager
Print or Type Name of Authorized Person