



**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 135935		2. Exact name of the limited liability company Warren House Partners, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, DEVELOPMENT, AND MANAGEMENT OF REAL PROPERTY			
5. Principal office address 62 WASHINGTON STREET		City NEWPORT	State RI	Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LYN COMFORT		Contact Title MANAGER			
Street Address 62 WASHINGTON STREET		City NEWPORT	State RI	Zip 02840-	
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 LYN COMFORT		Manager Name			
Street Address 62 WASHINGTON STREET		Street Address			
City NEWPORT	State RI	Zip 02840	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 STEVEN M. MCINNIS, ESQ.		Address 38 BELLEVUE AVENUE			
Address		City NEWPORT	Zip 02840-		

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



1 3 5 9 3 5

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.

\*135935 DLLC 09/02/05 02:06:31 PM\*

File Date 10-31-05

Check No. 1247-9

By: LYN

FOR SECRETARY OF STATE USE ONLY

Lyn Comfort 9-23-05  
Signature of Authorized Person Date

LYN COMFORT  
Print or Type Name of Authorized Person



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1. ID No. <b>135935</b>		2. Exact name of the limited liability company <b>Warren House Partners, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Ownership, development, and management of real property</b>			
5. Principal office address <b>62 Washington Street</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Lyn Comfort</b>			Contact Title <b>Manager</b>		
Street Address <b>62 Washington Street</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
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 <b>Lyn Comfort</b>			Manager Name		
Street Address <b>62 Washington Street</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	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 <b>STEVEN M. MCINNIS, ESQ.</b>			Address		
Address <b>38 BELLEVUE AVENUE</b>		City <b>NEWPORT</b>	Zip <b>02840</b>		

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



\* 1 3 5 9 3 5 \*

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: 10/29/04  
Check No. 12019  
By: W.  
FOR SECRETARY OF STATE USE ONLY

Lyn Comfort 9-13-2004  
Signature of Authorized Person Date  
**LYN COMFORT**  
Print or Type Name of Authorized Person