



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. 131936		2. Exact name of the limited liability company J & D LACROIX REALTY, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 15 WARREN AVENUE			City CUMBERLAND	State RI	Zip 02864-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEPHEN J DIGIANFILLIPPO			Contact Title .		
Street Address 50 PARK ROW , SUITE 111			City PROVIDENCE	State RI	Zip 02903-
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 Donald J. Lacroix		Manager Name Jacqueline P. Lacroix			
Street Address 15 Warren Avenue		Street Address .15 Warren Avenue			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 STEPHEN J. DIGIANFILIPPO, ESQ.			Address 50 PARK ROW WEST, SUITE 111		
Address VIEIRA & DIGIANFILIPPO LTD.			City PROVIDENCE	Zip 02903-	

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



1 3 1 9 3 6

\*131936 DLLC 09/22/05 02:41:44 PM\*

File Date 10/27/05

Check No. 1182

By: JMD

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.

Donald J. Lacroix 10/12/05  
Signature of Authorized Person Date

Donald J. Lacroix, Manager  
Print or Type Name of Authorized Person



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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney		
Street Address 50 Park Row, Suite 111		City Providence	State RI	Zip 02903	
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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Address			City PROVIDENCE	Zip 02903-	

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



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\*131936 DLLC 09/16/04 04:17:22 PM\*

File Date 10/26/04

Check No. 1078

By: DA

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.

*Donald J. Lacroix*  
Signature of Authorized Person Date 10/15/04

Donald J. Lacroix, Manager  
Print or Type Name of Authorized Person