

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Str. Providence, RI 02903-13, 401.222.30

				AL REPORT FOR TI	GE LEAR	2005		
Filing Period: Septe	mber 1 - No		• Filing Fee: \$50.0					
(FORM MUST BE TYPEL	OR PRINTEL	IN BLACK)				i		
J. ID No	1	name of the limited liability company						
133136								
3. State of Formation			•	ness which is actually conducted in Rhode	Island			
RHODE ISLAND TO OWN AND MANAGE REAL ESTAT				Έ				
5. Principal office address				City	State	Ζίρ		
4 DRIFTWOOD DRIVE				BARRINGTON	RI	02806		
6. MAILING ADDRI	ESS OF LIM	ITED LIABII	ITY COMPANY AND	NAME OR TITLE OF CONTACT P				
Contact Name		M. WHITNI		Contact Title MANAGER				
Street Address				City:	State	Ζip		
4_DRTFTW	וחחח חחדו	/C		BARRINGTON	RI	02806		
			ER OF THE LIMITED	LIABILITY COMPANY, IF APPLI		102000		
				ATTACHMENTS ("X" BOX FOR	_			
AN				ES FILING OF AMENDMENT, R.I.		7-16-52		
Manager Name				Manager Name				
GERALDIN	IE M. WH]	CTNEY						
Street Address				Street Address	<del></del>			
4 DRIFTW	100D DRT\	/E		•				
City		110	ZIp	City	State	Zlp		
BABBINGTON.		RI	02806			, i		
Manager Name				Manager Name				
Street Address				Street Address	<del>-</del>			
City	Sta	ile.	Zip	Ciņ	State	Zip		
				<u> </u>	<u></u>			
8. RESIDENT AGEN Agent Name	IT IN RHOD	E ISLAND, -	DO NOT ALTER - Cha	inges require filing of Form 64	2 - R.I.G.L. 7-16-11			
•				Haures				
RONALD A. CAVALLA	IRO, ESQ.					<del></del>		
Address				City	Z.ip	(p		
3457 POST ROAD			WARWICK 0		2886-			

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

File Date	11405	*133136*	7
Check No	みみんり	<u> </u>	
Ву:	Kunc		
	FOR SECRETARY OF STA	TE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature of Authorized Person Date

GERALDINE M. WHITNEY, MANAGER

Print or Type Name of Authorized Person



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations' Divisic 100 North Måin Stre Providence, RI 02903-13; 401.222.30:

LIMITED LI	ABILITY CO	MPANY ANNUA	AL REPORT FOR T	THE YEAR	2004			
Filing Period: Septer		• Filing Fee: \$50.00			<del></del>			
(FORM MUST BE TYPED	OR PRINTED IN BLACK)	••						
1. ID No.	2. Exact name of the limi	name of the limited liability company						
133136	DEER PARK, LLC	PARK, LLC						
3. State of Formation	4. Brief descript	ion of the character of the husin	iess which is actually conducted in Rhoo	le Island	<del></del>			
RHODE ISLAND	TO OWN A	ND MANAGE REAL ESTAT	Ε.					
5. Principal office address		•	City	State	7.tp			
4 DRIFTWOOD DRIVE			BARRINGTON	l <sub>RI</sub>	028 <b>9</b> 6			
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND N	SAME OR TITLE OF CONTACT	PERSON:	1 02000			
Contact Name	LDINE M. WHITINEY		Contact Title MANAGER					
Street Address	<u> </u>		City	State	Zip			
4 DRIFTWO	DD DRIVE		BARRONGTON	RI	X <b>832</b> XXXX 02806			
7 NAME AND ADDI	RESS OF FACU MANA	GER OF THE LIMITED :	LIABILITY COMPANY, IF APPI	_	hwannan uzaua			
			ATTACHMENTS ("X" BOX FO					
AN	Y MODIFICATIONS T	O MANAGERS REQUIRE	S FILING OF AMENDMENT, R	.I.G.L. 7-16-12 (a) (2)	) / 7-16-52			
Manager Name			Manager Name	:				
GERALDINE	M. WHITNEY							
Street Address		<del></del>	Street Address		<del></del>			
4 DRIFTWOO	DD DRIVE							
City: BAPRIINGTON	State RI	<sup>Zip</sup> 02806	Cuy	State	Zip			
Manager Name	•••••••••••••••••••••••••••••••••••••••		Manager Name	·······I•·····························				
Street Address		·	Street Address					
Chy	State	Zip	City	State	Zip			
8. RESIDENT AGENT	LIN RHODE ISLAND		: nges require filing of Form 6	 	1			
Agent Name		TO THE TELEFORM	Address	742 · N.I.G.L. /-10-11	→			
RONALD A. CAVALLA	RO_ESO							
Address			City	Zip				
3457 POST ROAD			WARWICK		02886-			
		<u></u>	<u> </u>					

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



File Date 10 77 (94
Check No
Ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person

92604

GETALDINE M. WHITINEY, MANAGER

Print or Type Name of Authorized Person