



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. 131937		2. Exact name of the limited liability company LACROIX FAMILY PROPERTIES, 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 DIGIANFILIPPO		Contact Title	
Street Address 50 PARK ROW WEST, 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 checked="" 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	City Cumberland	State RI
Zip 02864		Zip 02864	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 7

131937 DLLC 09/23/05 03:54:14 PM

File Date 10/27/05

Check No. 1310

By: [Signature]

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] 10/12/05
Signature of Authorized Person Date

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



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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. DiGianfilippo, Esq.		Contact Title Attorney			
Street Address 50 Park Row West, 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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Agent Name STEPHEN J. DIGIANFILIPPO, ESQ.		Address 50 PARK ROW WEST, SUITE 111			
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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131937 DLLC 09/20/04 03:45:19 PM	
File Date	10/26/04
Check No.	1133
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 10/15/04
Signature of Authorized Person Date

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