



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
401.222.3040LIMITED 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 136838		2. Exact name of the limited liability company 957 Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE-COMMERCIAL AND RESIDENTIAL	
5. Principal office address 197 Taunton Avenue, Suite 203		City East Providence	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Orlando A. Andreoni		Contact Title	
Street Address 197 Taunton Ave., Suite 203		City East Providence	State RI
		Zip 02914	
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 Orlando A. Andreoni		Manager Name	
Street Address 197 Taunton Avenue, Suite 203		Street Address	
City East Providence	State RI	City	State
Zip 02914		Zip	
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 ORLANDO A. ANDREONI		Address	
Address 197 TAUNTON AVENUE, SUITE 203		City EAST PROVIDENCE	Zip 02914


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



FILED

File Date	SEP 01 2005
Check No.	By 1697
By:	CSB
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.

 **8/31/05**
Signature of Authorized Person Date

Orlando A. Andreoni
Print or Type Name of Authorized Person



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File Date	<u>10/15/04</u>
Check No.	<u>1313</u>
By:	<u>VS</u>
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

Orlando A. Andreoni

Print or Type Name of Authorized Person