

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

	eptember 1 - November .		****					
(FORM MUST BE T	YPED OR PRINTED IN BL	1CK)						
1. ID No. 139439	2. Exact name of the lin	name of the limited liability company						
3. State of Formation		Simonelli Homes, LLC						
_	'   '		business which is actually conducted	in Rhode Island	<del></del>			
RHODE ISLAN	ND Real Esta	ite						
5. Principal office address			City State Zip			_		
10B APPIAN WAY			SMITHFIELD	RI	02917	-		
6. MAILING AL	DDRESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OFCOSTACT				
Contact Name			Contact Title	or contact	TERSON:			
Frank Simonelli			Manager	•				
Street Address			City	State Zip				
10B Appian W	Way		Smithfield	RI	02917			
7. NAME AND	ADDRESS OF EACH M	ANAGER OF THE	LIMITED LIABILITY COM	PANY INABB				
÷	FILL INS	PACES BEFORE USING	ATTACHMENTS ("X" BOX F	OR ATTACHMEN	TO T			
·	ANY MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT. R	LI.G.L 7-16-12 (a)	(2) / 7-16-52			
Manager Name Frank Simonelli			• Manager Name					
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T TOTAL	-111		_					
	<del></del>		Street Address	-		· <u> </u>		
Street Address 10B Appian V			* Sireel Address			<u> </u>		
Sireei Address 10B Appian V		Zip	•	State	17in	· <u> </u>		
Street Address	√ay	7.ip 02917	Sireet Address City	State	Zip	· <u> </u>		
Street Address  10B Appian V	Nay State		•	State	Zip	•		
Street Address  10B Appian V City Smithfield Manager Name	Nay State		*City *Manager Name	State	Zip	••••		
Street Address  10B Appian V City Smithfield Manager Name	Nay State		City	State	Zip	• • • • •		
Street Address  10B Appian V City Smithfield Manager Name  Street Address	Nay State	02917	*City *Manager Name *Street Address			• • • • •		
Street Address  10B Appian V City Smithfield Manager Name  Street Address	Nay State RI		*City *Manager Name	State	Zip			
Street Address  10B Appian V  City  Smithfield  Manager Name  Street Address  City	State RI State	02917	*City *Manager Name *Street Address *City	State	Zip	• • • •		
Street Address  10B Appian V City Smithfield Manager Name Street Address City	State RI State	02917	*City *Manager Name *Street Address	State	Zip			
Street Address  10B Appian V City Smithfield Manager Name  Street Address City  8. RESIDENT AG	State State State	02917	City  Manager Name  Sirect Address  City  anges require filing of Fo	State Orm 642 - R.I.G	Zip	• • • •		
Street Address  10B Appian V City Smithfield Manager Name  Street Address City  8. RESIDENT AG Agent Name	State State State	02917	City  Manager Name  Street Address  City  Langes require filing of Form  Address  321 SOUTH MAIN	State Orm 642 - R.I.G	Zip -17-16-11			
Street Address  10B Appian V City Smithfield Manager Name Street Address City  8. RESIDENT AG Agent Name ARTHUR J. LE	State State State	02917	City  Manager Name  Sirect Address  City  anges require filing of Fo	State Orm 642 - R.I.G	Zip			

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



*139439 DL	LC 1	0/24/05	11:33:06 AM*			
File Date	0	37	05			
Check No.	Check No. 194					
В <u>у:</u>	_	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.

Date

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Signature of Authorized Person

Print or Type Name of Authorized Person

Frank Simonelli