



**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. 141840		2. Exact name of the limited liability company Damhsa LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Irish dance instruction.			
5. Principal office address 35 Airport Road		City Warwick	State RI	Zip 02889	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Marianne J. Beirne			Contact Title Financial Advisor		
Street Address c/o 42 Xavier Court		City Warwick	State RI	Zip 02888	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILE 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 (b) (2) / 7-16-52					
Manager Name (		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name MICHAEL J. BROPHY, ESQ.			Address 20 CENTERVILLE ROAD		
Address		City WARWICK	Zip 02886-		

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



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\*141840 DLLC 10/30/05 09:29:57 PM\*

File Date **FILED**

Check No. **OCT 31 2005**

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]*  
Signature of Authorized Person Date

Marianne J. Beirne 10-31-2005  
Print or Type Name of Authorized Person