



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

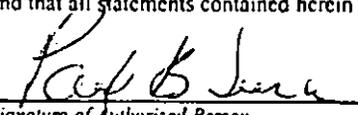
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 141842		2. Exact name of the limited liability company CAUSEWAY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to deal with real estate			
5. Principal office address 90 Douglas Pike		City Smithfield	State RI	Zip 02917-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul B. Surabian Living Trust			Contact Title Member		
Street Address 90 Douglas Pike		City Smithfield	State RI	Zip 02917-0000	
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 Paul B. Surabian		Manager Name			
Street Address 375 Angell Road		Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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 Paul B. Surabian		Address 90 Douglas Pike			
Address		City Smithfield	State RI	Zip 02917	

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

File Date	9/23/05
Check No.	4469
By:	A
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 September 6, 2005
 Paul B. Surabian Living Trust
 By: Paul B. Surabian, Trustee
 Print or Type Name of Authorized Person
 Member