

## 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

2005

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

Filing Period: Septem (FORM MUST BE TYPED)			Filing Fee: \$50.00							
1 ID No. 130744	2. Exact i	name of the limited liability company ssociates, LLC								
3 State of Formation RHODE ISLAND 4. Brief description of the character of the business we TO OWN, OPERATE AND LEASE REAL ES				bich is actually conducted in Rhode Island STATE						
5. Principal office address 46 ACON Street, Ut HOO  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				Provider OR TITLE OF CO	NU NTACT PERSO	State R ON:		21p 63903		
Contact Name  Mittorel D. (080)				Contact Tule.						
Sircel Address  LIO ALON Street 4 FLOOL  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABI				. 1 1000	ence	State		12th 1000903		
		FILL IN SPACES	OF THE LIMITED LIABI BEFORE USING ATTAC IAGERS REQUIRES FIL	HMENTS ("X"	IF APPLICABI BOX FOR ATT ENT, R.I.G.L.	ACHMENT)		-52		
Manager Name			Manager Name							
Street Address			Sineri Address							
City		State	Zip	City		State		Zip		
Manager Name				Manager Name						
Street Address				Street Address						
City		State	Zip	City	_	State		Zip		
Agent Name		DDE ISLAND - DO N	NOT ALTER - Changes	require filing of Address	Form 642 - F	t.I.G.L. 7-16	6-11			
MICHAEL D. CORSO, ESQ.  Address							Zip			
15 WESTMINSTER STREET, SUITE 731				PROVIDENCE			02903-			

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

File Date Check No	(1037)						
Ву:	FOLSECRETARY 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

Print or Type Name of Authorized Person



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	hael D. Co	CONIACI TIIIC AGENT	Contact Title AGENT							
Street Address 15 W	Jest minster	St. St. 731	cur Providence	State	<u> </u>	02903				
	FILL IN SPAC	ES BEFORE USING AT	ABILITY COMPANY, IF APPLIC FACHMENTS - ("X" BOX FOR FILING OF AMENDMENT, R.L.	ATTACHMENT	r) [] a) (2) / 7-1	6-52				
Manager Name	Nd Ban	Manager Name	Munager Name							
Street Address HO A	nom Street	f, 4MAV	Street Address							
City HOUDE	INC State R	Z4 Q903	Cay	State		Zip				
Manager Name		•••••••••••••••••••••••••••••••	Manager Name		••••••••					
Street Address			Street Address	Street Address						
City	State	Zip	Cuy	State		Zip				
8. RESIDENT AGENT Agent Name MICHAEL D. CORSO	I IN RHODE ISLAND - D	O NOT ALTER - Chang	es require filing of Form 64  Address	2 - R.J.G.L. 7-:	16-11 05 JU	(2년) (2년)				
Address 15 WESTMINSTER STREET, SUITE 731			City: PROVIDENCE	City: PROVIDENCE		<sup>2ip</sup> № 02903-				
	FIL JUL 2	ED 0 2005			AI) 10: 1,6					
	By (	î.m C								

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Signature of Authorized Person

Date

Michael D. Corse

Print or Type Name of Authorized Person