



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

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 133443		2. Exact name of the limited liability company ALOPEX HOLDINGS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 45 All American Way, P.O. Box 398		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name James R. Fox			
Contact Title Member			
Street Address P.O. Box 398		City North Kingstown	State RI
		Zip 02852	
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 NONE		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JAMES R. FOX		Address	
Address 45 ALL AMERICAN WAY , P.O. Box 398		City NORTH KINGSTOWN	Zip 02852

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



File Date	9/7/05	*133443*
Check No.	267	
By:	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.

Signature of Authorized Person
James R. Fox

Date
9-1-05

Print or Type Name of Authorized Person



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* 1 3 3 4 4 3 *

File Date	9/9/04
Check No.	1496
By:	OA
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 9/7/04
James R. Fox
Print or Type Name of Authorized Person