



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. 133744 | | 2. Exact name of the limited liability company Lanthier & Company, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate and Business Investment | | | |
| 5. Principal office address PO Box 6123 | | City WARWICK | | State RI | Zip 02887 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name DENNIS MARTIN | | | Contact Title PRESIDENT | | |
| Street Address PO Box 6123 | | City WARWICK | | State RI | Zip 02887 |
| 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 | | | 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 |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name DENNIS MARTIN | | | Address | | |
| Address 204 COWSETT ROAD | | | City WARWICK | Zip 02886- | |

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



| | | |
|---------------------------------|----------------|----------|
| File Date | 8/30/05 | *133744* |
| Check No. | 1630 | |
| 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.

Dennis Martin 8/29/2005
Signature of Authorized Person Date
DENNIS MARTIN
Print or Type Name of Authorized Person



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| 1. ID No. 133744 | | 2. Exact name of the limited liability company Lanthier & Company, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Any LAWFUL Business Enterprise | |
| 5. Principal office address P.O. Box 6123 | | City Warwick | State RI |
| | | Zip 02887 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name DENNIS MARTIN | | Contact Title PRESIDENT | |
| Street Address 204 Cowesett Rd | | City Warwick | State RI |
| | | Zip 02886 | |
| 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 N/A | | Manager Name N/A | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
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| Agent Name DENNIS MARTIN | | Address | |
| Address 204 COWESETT ROAD | | City WARWICK | Zip 02886 |

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



* 1 3 3 7 4 4 *

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.

| | |
|---------------------------------|---------------|
| File Date | 9/8/04 |
| Check No. | 1505 |
| By: | DA |
| FOR SECRETARY OF STATE USE ONLY | |

Dennis Martin **9/6/04**
Signature of Authorized Person Date
DENNIS MARTIN
Print or Type Name of Authorized Person