



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Mathew 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. 136843		2. Exact name of the limited liability company Marshall St. Thomas 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			
5. Principal office address 700 NARRAGANSETT PARK DRIVE		City PAWTUCKET	State RI	Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN L. MARSHALL, III			Contact Title MEMBER		
Street Address 700 NARRAGANSETT PARK DRIVE		City PAWTUCKET	State RI	Zip 02861	
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	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 CHARLES F. ROGERS, JR. ESQ.			Address 2800 FINANCIAL PLAZA		
Address		City PROVIDENCE	Zip 02903-		

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



1 3 6 8 4 3

\*136843 DLLC 09/06/05 04:38:27 PM\*

File Date 12/27/05

Check No. 109034

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.

John L. Marshall III 11/23/05  
Signature of Authorized Person Date

**JOHN L. MARSHALL, III, MEMBER**  
Print or Type Name of Authorized Person



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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.

*John L. Marshall, III* 9/17/04  
Signature of Authorized Person Date

JOHN L. MARSHALL, III, MEMBER  
Print or Type Name of Authorized Person

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