

# 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. <b>140949</b>		2. Exact name of the limited liability company <b>Dennis' Really, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>To acquire, own, hold, improve, manage and operate real esate</b>	
5. Principal office address <b>103 COTTAGE STREET</b>		City <b>PAWTUCKET</b>	State <b>RI</b>
		Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Dennis E. Robinson</b>		Contact Title <b>Manager</b>	
Street Address <b>15 Eben Brown Lane</b>		City <b>Central Falls</b>	State <b>RI</b>
		Zip <b>02863</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENTS) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>Dennis E. Robinson</b>		• Manager Name .	
Street Address <b>15 Eben Brown Lane</b>		• Street Address .	
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	• City .
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>JOHN F. NEARY, ESQ.</b>		Address <b>103 COTTAGE STREET</b>	
Address .		City <b>PAWTUCKET</b>	Zip <b>02860-</b>

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



\*140949 DLLC 09/19/05 11:38:20 AM\*

File Date 11/29/05

Check No. 0711

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.

[Signature] 9-22-05  
Signature of Authorized Person Date

**Dennis E. Robinson, Manager**

Print or Type Name of Authorized Person