



**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>126949</b>		2. Exact name of the limited liability company <b>Moriarty's, 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>PROPERTY MANAGEMENT</b>			
5. Principal office address <b>312 Connell Hwy.</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Daniel P. Moriarty</b>			Contact Title <b>Member</b>		
Street Address <b>312 Connell Hwy.</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02842</b>
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 <b>DANIEL P. MORIARTY</b>			Address		
Address <b>312 CONNELL HIGHWAY</b>			City <b>NEWPORT</b>	Zip <b>02840</b>	

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



File Date	<b>9/21/05</b>	*126949*
Check No	<b>454</b>	
By:	<b>[Signature]</b>	
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.

**Daniel P. Moriarty** **9-20-05**  
Signature of Authorized Person Date  
**Daniel P. Moriarty**  
Print or Type Name of Authorized Person

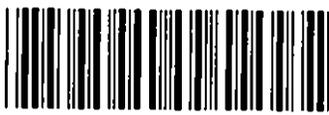


**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00  
 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 126949		2. Exact name of the limited liability company Moriarty's Towing Equipment Co., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF TIRES AND AUTOMOTIVE PARTS			
5. Principal office address 312 Connell Hwy		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel Moriarty			Contact Title Member		
Street Address 312 Connell Hwy		City Newport	State RI	Zip 02840	
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 DANIEL P. MORIARTY			Address		
Address 312 CONNELL HIGHWAY			City NEWPORT	Zip 02840-	

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



\* 1 2 6 9 4 9 \*

**FILED**

File Date SEP 10 2004  
 Check No. By [Signature]  
 By: \_\_\_\_\_

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.

Daniel Moriarty 9/9/04  
 Signature of Authorized Person Date  
Daniel Moriarty  
 Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No <b>126949</b>		2. Exact name of the limited liability company <b>Moriarty's Towing Equipment Co., 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>Sale of tires and automotive parts</b>			
5. Principal office address <b>312 Connell Hwy</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Daniel Moriarty</b>			Contact Title <b>member</b>		
Street Address <b>312 Connell Hwy</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
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 <b>DANIEL P. MORIARTY</b>			Address		
Address <b>312 CONNELL HIGHWAY</b>			City <b>NEWPORT</b>	Zip <b>02840</b>	

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



\* 1 2 6 9 4 9 \*

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 12.12.03  
Check No. 111  
By: ak  
FOR SECRETARY OF STATE USE ONLY

Daniel Moriarty 11/5/03  
Signature of Authorized Person Date  
Daniel Moriarty  
Print or Type Name of Authorized Person