

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 Nonth Main Street Providence, RI 02903-1335 401.2223040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

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1. ID No. 2. Exact name of the limited liability company							
134953	Romar	Roman-tic Properties II, LLC					
3. State of Formation	1	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAN	D	PROPERTY OW	NERSHIP, INVESTMENT	r, RENTAL AND MANAGEMENT			
5. Principal office ac	deress	·		City	State		Zip
29 Tio	que Ave	nue		West Warwick	RI		02893
. MAILING AD	DRESS OF L	IMITED LIABILIT	Y COMPANY AND NAM	ME OR TITLE OF CONTACT PE	RSON:		
* **		rozdowski		Contact Title manager			
itreet Address	· ·· -·		-	City	State		Z4p
	29 Tiog	jue Avenue		West Warwick	RI		02893
· NAME AND A		FILL IN SPACE	S BEFORE USING ATT	ABILITY COMPANY, IF APPLICATE ACHMENTS ("X" BOX FOR A FILING OF AMENDMENT, R.I.G	ATTACHMENT) [] i) (2) / 7-16-	52
Manager Name	·		•	Manager Name			
Street Address	-			Street Address	-		
City		State	Zip	City	State		<i>7.</i> (р
Manager Name	•••••••	.1		Manager Name			••••••
Strect Address				Street Address			
City		State 1 v 3 v 3	Ζφ	City	State		Zφ
3. RESIDENT A	GENT IN RE	IODE ISLAND D	O NOT ALTER - Chang	ges require filing of Form 642 Address	- R.I.G.L. 7-	16-11	
BRUCE G. POLL	.OCK, ESQ.	· · · · · · · · · · · · · · · · · · ·					
Address					Zip 😄		
45 PROVIDENCE STREET				WEST WARWICK		C2893-	<u> </u>
			<u> </u>			È	
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						72	•

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

File Date	FILED ₃₄₉₅₃ .
Check No.	MAR 3 1 2006
Ву:	BN U 02 025
•	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.

Signarire of Authorized Person

3/7/0 ·

Roman Drozdowski

Print or Type Name of Authorized Person



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, KJ 02903-1335

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2004

FORM MUST BE TY	PED OR PRINTED IN BLACK)					
1. ID No. 134953		nact name of the limited Hability company				
3. State of Formation	4. Brief descript	4. Brief description of the character of the husiness which is actually conducted in Rhode Island				
RHODE ISLAND	Proper	ty ownership,	investment, rental and	d management		
5. Principal office ad	dress		City	State	Zip	_
	le Avenue : Dress of Limited Liab	ILITY COMPANY AN	West Warwick D NAME OR TITLE OF CONTACT	RI PERSON:	02893	
Contact Name Roman Dro		,	Contact Title manager			
Street Address			City	State	Zip	-
39 Tiogue	Avenue		West Warwick	RI	02893	
Manuger Name	ANY MODIFICATIONS T	O MANAGERS REQU	IG ATTACHMENTS ("X" BOX FO DIRES FILING OF AMENDMENT, R Manager Name	J.G.L. 7-16-12 (a) (2)	/ 7-16-52	
Street Address .		Sirvei Address	Sircei Address			
Ctry	State	Zyp	City	State	Ζφ	_
Manager Name		I	Manager Name		J	•
Street Address			Street Address	<u> </u>	·	_
City	State	Z(p	City	State	Ζφ	_
8. RESIDENT AG	ENT IN RHODE ISLAND	DO NOT ALTER	Changes require filing of Form 6	642 - R.I.G.L. 7-16-11		_
BRUCE G. POLLO	CK, ESQ.					
Address			City	Zψ		
45 PROVIDENCE STREET		WEST WARWICK				

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



File Date 10 1 10 Y			
Check No1533			
Ву:			
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affirm	that I have ex-	amined this	s report.
including any accompanying schedules and sta	itements, and	that all stat	ements,
contained herein are true and correct.			
1///	Cl.	00	n

ROMAN DROZDOWSKI

Print or Type Name of Authorized Person