



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 134953		2. Exact name of the limited liability company Roman-tic Properties II, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY OWNERSHIP, INVESTMENT, RENTAL AND MANAGEMENT	
5. Principal office address 29 Tiogue Avenue		City West Warwick	State RI
		Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Roman Drozdowski		Contact Title manager	
Street Address 29 Tiogue Avenue		City West Warwick	State RI
		Zip 02893	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 BRUCE G. POLLOCK, ESQ.		Address	
Address 45 PROVIDENCE STREET		City WEST WARWICK	Zip 02893

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



FILED

File Date MAR 31 2006
Check No. BY 1195652
By: MS

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.

Roman Drozdowski 3/7/06
Signature of Authorized Person Date
Roman Drozdowski
Print or Type Name of Authorized Person



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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Property ownership, investment, rental and management	
5. Principal office address 39 Tiogue Avenue		City West Warwick	State RI
		Zip 02893	
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Contact Name Roman Drozdowski		Contact Title manager	
Street Address 39 Tiogue Avenue		City West Warwick	State RI
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* 1 3 4 9 5 3 *

File Date	10/1/04
Check No.	1533
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.

Signature of Authorized Person
Date
9-28-04
ROMAN DROZDOWSKI
Print or Type Name of Authorized Person