



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with fields for ID No. (129553), Company Name (Harmony Management LLC), State of Formation (RHODE ISLAND), Business Description (PROPERTY MANAGEMENT), Principal Office Address (438 West Central St., P.O. Box Q, Franklin, MA 02038), and Manager Information (Margaret C. Ranieri, Manager).

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



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: 9/20/05, Check No.: 5419, By: [Signature]

Signature of Margaret C. Ranieri, Date: 9/13/05, Print or Type Name of Authorized Person: Margaret C. Ranieri, Manager



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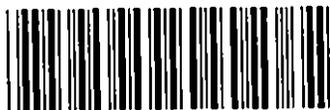
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1. ID No. 129553		2. Exact name of the limited liability company Harmony Management LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Property Management.			
5. Principal office address 438 West Central Street, P.O. Box Q			City Franklin	State MA	Zip 02038
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Margaret C. Ranieri			Contact Title Manager		
Street Address 438 West Central Street, P.O. Box Q			City Franklin	State MA	Zip 02038
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 Margaret C. Ranieri			Manager Name		
Street Address 438 West Central Street, P.O. Box Q			Street Address		
City Franklin	State MA	Zip 02038	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 BRUCE J. BETTIGOLE, ESQ.			Address		
Address 155 SOUTH MAIN STREET			City PROVIDENCE	Zip 02903-	

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



* 1 2 9 5 5 3 *

File Date 9/27/04
Check No. 10789
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.

Margaret C. Ranieri 9/22/04
Signature of Authorized Person Date

Margaret C. Ranieri, Manager
Print or Type Name of Authorized Person