



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. 136054		2. Exact name of the limited liability company Rosscommons, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 177 OLD RIVER ROAD		City LINCOLN	State RI Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name COLIN P KANE		Contact Title .	
Street Address 293 BOURNE AVENUE		City RUMFORD	State RI Zip 02916-
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. 17-16-12 (a) (2) / 7-16-52			
Manager Name Colin P. Kane		Manager Name Gregory Richard	
Street Address 293 Bourne Avenue		Street Address 177 Old River Road	
City Rumford	State RI	City Lincoln	State RI
Zip 02916		Zip 02865	
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 MICHAEL F. SWEENEY, ESQ.		Address ONE TURKS HEAD PLACE, SUITE 1200	
Address .		City PROVIDENCE	Zip 02903-

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



1 3 6 0 5 4

136054 DLLC 10/21/05 03:53:28 PM
File Date 11-03-05
Check No. 1178
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 of Authorized Person

Date

Gregory Richard

Print or Type Name of Authorized Person



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Manager Name Colin P. Kane		Manager Name Gregory Richard			
Street Address 293 Bourne Avenue		Street Address 177 Old River Road			
City Rumford	State RI	Zip 02916	City Lincoln	State RI	Zip 02865
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 MICHAEL F. SWEENEY, ESQ.			Address ONE TURKS HEAD PLACE, SUITE 1200		
Address			City PROVIDENCE	Zip 02903-	

FILED

SEP 16 2004

By Gregory Richard
C 44874

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



1 3 6 0 5 4

136054 DLLC 09/10/04 10:42:01 AM

File Date

Check No.

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.

Signature of Authorized Person

Date

Gregory Richard

Print or Type Name of Authorized Person



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Agent Name MICHAEL F. SWEENEY, ESQ.		Address ONE TURKS HEAD PLACE, SUITE 1200			
Address		City PROVIDENCE		Zip 02903-	

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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 9-13-04

Gregory Richard
Print or Type Name of Authorized Person

136054 DLLC 09/10/04 10:42:01 AM	
File Date	9/16/04
Check No.	1032
By:	DA
FOR SECRETARY OF STATE USE ONLY	