



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. 135455 | | 2. Exact name of the limited liability company Austrian Realty Company, 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 holding company | | | |
| 5. Principal office address 25 Stamp Farm Road | | City Cranston | State RI Zip 02921 | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Marjorie M. Kern | | Contact Title Member | | | |
| Street Address 25 Stamp Farm Road | | City Cranston | State RI Zip 02921 | | |
| 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 None | | 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 Douglas G. Gray, Esq. | | Address Edwards & Angell, LLP | | | |
| Address 2800 Financial Plaza | | City Providence, RI | | Zip 02903 | |

This report must be signed in ink by an authorized person pursuant to 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 | 10/3/05 |
| Check No. | 1360 C 78783 |
| By: | Kern |
| FOR SECRETARY OF STATE USE ONLY | |

Signature of Authorized Person Marjorie M. Kern Date September 27, 2005
MARJORIE
Majorie M. Kern, Member
Print or Type Name of Authorized Person



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1 3 5 4 5 5

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.

Marjorie M. Kern October 6, 2004
Signature of Authorized Person Date
Majorie M. Kern, Member
Print or Type Name of Authorized Person

| | |
|---------------------------------|----------|
| File Date | 10.08.04 |
| Check No. | 1150 |
| By: | 10P |
| FOR SECRETARY OF STATE USE ONLY | |