

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

100 North Main Street Providence, RI 02903-1335 401-222-3040

Corporations Division

2005

Matthew A. Brown, Secretary of State

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 BIACK) 2. Exact name of the limited liability company 136557 AQUIDNECK GROUP II, LLC 4. Brief description of the character of the husiness which is actually conducted in Rhode Island 3. State of Formution OWN, OPERATE, MAINTAIN, MANAGE, AND LEASE REAL PROPERTY **RHODE ISLAND** 5. Principal office address State *гір* 02840-NEWPORT RI 272 VALLEY ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JOHN J. EGAN Street Address Cirv State 02840-RI P.O. BOX 678 NEWPORT 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name JOHN J. EGAN Street Address Street Address P.O. BOX 678 State Z.ip City State 02840 NEWPORT RI Manager Name Manager Name Street Address Street Address State Zip City 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 Address DAVID P. MARTLAND, ESQ. ^{Ζ.(ρ} 02842-1100 AQUIDNECK AVENUE MIDDLETOWN

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

	*136557 *	
File Date	11.09.05	
Check No.	5085	
Ву:	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

David P. Martland, Esq.

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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(FORM MUST BE TYP							
7. 1D No. 136557	AQUIDNECK GR	IIDNECK GROUP II, LLC					
3. State of Formation		•	usiness which is actually conduct				
RHODE ISLAND	OWN, OPER	ATE, MAINTAIN, MA	NAGE, AND LEASE REAL	PROPERTY	•		
5. Principal office address			City	State	Zip		
272 VALLEY ROAD			NEWPORT	RI	02840-		
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMPAN	Y AND NAME OR TITL	E. OF CONTACT	PERSONE COMMISSION		
Contact Name	<u> </u>		Contact Title	Contact Title			
John J. Ega	ın		•				
Street Address			City	State	Zip		
P.O. Pox 678			.Newport	RI	02840		
7. NAME AND AD	DRESS OF EACH N	IANAGER OF THE L	MITED LIABILITY CO	MPANY, IE APPI	ICABLE PSANASSISTER		
	🖖 🧢 🔆 🔭 HILL IN S	PACES BEFORE USING	ATTACHMENTS CX BOX	K FÖR HTTACHMEN	7. 日本人工分割以下的特殊		
3	ANY MODIFICATIONS	TO MANAGERS REQUI	RES FILING OF AMENDMENT	R.I.G.L 7-16-12 (a)	(2) / 7-16-52 71 15-0 16-15-27		
Manager Name			· Manager Name	• Manager Name			
John J. Egan			•				
Street Address			*Street Address				
Street Address			*Strect Address				
			*Street Address	.•			
	State	Zip	*Street Address *City	State	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
P.O. Box 678	State RI	<i>Zip</i> 02840		,	Zip		
P.O. Box 678		, ,		,	Zip		
P.O. Box 678 City Newport Manager Name		, ,	*City	,	Zip		
P.O. Box 678 City Newport		, ,	*City: *Manager Name	,	Zip		
P.O. Box 678 City Newport Manager Name		, ,	*City: *Manager Name	,	Zip		
P.O. Box 678 City Newport Munager Name Street Address City	RI	02840 Zip	*City* *Manager Name *Street Address *City	State	7/1p		
P.O. Box 678 City Newport Manager Name Street Address City	RI	02840 Zip	*City* *Manager Name *Street Address *City	State			
P.O. Box 678 City Newport Manager Name Street Address City 8. RESIDENT AGE	RI	02840 Zip	*City* *Manager Name *Street Address *City	State	7/1p		
P.O. Box 678 City Newport Manager Name Street Address City 8. RESIDENT AGE	RI State NT IN RHODE ISLAN	02840 Zip	City Manager Name Street Address City Anges require filling of	State State	7/1p		
P.O. Box 678 City Newport Manager Name Street Address City 8. RESIDENT AGE Agent Name	RI State NT IN RHODE ISLAN	02840 Zip	City Manager Name Street Address City Anges require filling of	State State	7/1p		
P.O. Box 678 City Newport Manager Name Street Address City 8. RESIDENT AGE Agent Name DAVID P. MART	RI State NT IN RHODE ISLAN	02840 Zip	City Manager Name Street Address City Address 1100 AQUIDNEC	State State)2/p		

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





	LC 11/02/04 03:04:00 PM*
File Date	2 2 05
Chrck No.	2639
B <u>y:</u>	DA
FOR SECRETA	RY OF STATE USE ONLY

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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 thay all statements contained herein are true and correct.
/ Wh
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DAVIL P. MANLAN
Print or Type Name of Authorized Person