



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)

1. ID No. 136557		2. Exact name of the limited liability company AQUIDNECK GROUP II, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE, MAINTAIN, MANAGE, AND LEASE REAL PROPERTY	
5. Principal office address 272 VALLEY ROAD		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN J. EGAN		Contact Title	
Street Address P.O. BOX 678		City NEWPORT	State RI
		Zip 02840-	
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 JOHN J. EGAN		Manager Name	
Street Address P.O. BOX 678		Street Address	
City NEWPORT	State RI	Zip 02840	City NEWPORT
			State RI
			Zip 02840
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 DAVID P. MARTLAND, ESQ.		Address	
Address 1100 AQUIDNECK AVENUE		City MIDDLETOWN	Zip 02842-

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



136557

File Date	11-02-05
Check No.	5085
By:	UP
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.

David P. Martland, Esq. **10/31/05**
Signature of Authorized Person Date

David P. Martland, Esq.

Print or Type Name of Authorized Person



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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name John J. Egan		Contact Title		
Street Address P.O. Box 678		City Newport	State RI	Zip 02840
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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

1/31/05

DAVID P. MARTLAND

Print or type Name of Authorized Person

136557 DLLC 11/02/04 03:04:00 PM

File Date

2/2/05

Check No.

2639

By

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