

* 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 2004

	mber 1 - ED OR PR	November 1 • INTED IN BLACK)	Filing Fee: \$50.00	<u></u> .				
D No.	2. Exacı	name of the limited liabilty company						
6857		WIN LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island						
			_					
HODE ISLAND		FAMIL	y prostri		EMENT			
5. Principal office address 77 NARRAGANSETT AVENUE				City JAMESTOWN	State RI	Zip 02835-		
MAILING ADDI	RESS O	F LIMITED LIAB	ILITY COMPANY A	ND NAME OR TITLE	OF CONTACT P	ERSON:		
ontact Name	TEDCON	†	_	Contact Title				
OBERT B. PAT	ı casul			City	State	Zip		
reei Adaress BAY LAWN AVI	ENUE			. WARWICK	RI	02886		
NAME AND ADI	•	FILL IN SPACES	BEFORE USING ATTA	TED LIABILITY COM ACHMENTS ("X" BOX FILING OF AMENDMENT. • Manager Name	FOR ATTACHMENT)			
OBERT B. PAT	TERSON	ī		NONE				
treet Address				· Sireei Address				
BAY LAWN AV	ENUE	T- "		•	16			
NARWICK		State RI	<i>Zip</i> 02886	•City	State	Zip		
VARWICK RI 02886 Manager Name NONE				*Manager Name NONE				
ireet Address				Street Address	· -	 		
**		Lyota	17:	·	State	Zip		
iny .		State	Zip	•	Sittle	-		
RESIDENT AGE	NT IN R	HODE ISLAND -DO	NOT ALTER- Chang	es require filing of I	Form 642 - R.I.G.L	7-16-11		
gent Name				Address				
JOHN A. MURPH	Y, ESC	Q .		77 NARRAGANSETT AVENUE				
lddress				City Zip				
				JAMESTOWN		02835-		
his report must b	e signed	t in ink by an au	horized person pursi	uant to 7-16-66.				
	1 3	5 8 5 7				affirm that I have examined		
136857 DLLC 05/25/05 01:44:32 PM File Date 6 21 05				this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Check No. 123				Signature of Authorized Person Date				
By:	PA	7		Robert PATTERSON				
FOR SECRETARY OF STATE LISE ONLY				Print or Type Name of Authorized Person				



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Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: Sept (FORM MUST BE TYPE			Filing Fee: \$50.00					
1. ID No.		2. Exact name of the limited liability company						
136857	· · · · · · · · · · · · · · · · · · ·							
3. State of Formation		1 ' ' '	=	which is actually conducted in Rhode	Island			
RHODE ISLAND		FAMILY PROPER	TY MANAGEMENT					
5 Principal office addr				City	State		<i>Σφ</i>	
	ANN			WARWICK	RI		02888	
6. MAILING ADDI	RESS OF L	IMITED LIABILITY	COMPANY AND NAI	ME OR TITLE OF CONTACT I	PERSON:		. -	
Contact Name		0 11		Contact Title				
Cobert	15.	Patters	<u>~</u>	City State 24 U2f88				
Since Address 4 BAYLANN AUS				WARWICK	State		02 f 8f	
	•	EACH MANAGER	OF THE LIMITED LL	ABILITY COMPANY, IF APPL				
4	NY MODI	FILL IN SPACE	S BEFORE USING ATT	FACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I	R ATTACHMENT, I.G.L. 7-16-12 (a) []) (2) / 7·16-	52	
				· · · · · · · · · · · · · · · · · · ·				
Sirect Address U MAYLAWN A UE City WARWICK State CT CSTY CS				Manager Name				
Street Address				Street Address				
UMAY	LAWN	AUE						
City		State	02 fff	Ciry	State		Ζip	
LARWICK		PCI	0544			J		
Manager Name				Manager Name				
Street Address			-	Street Address	-			
City		State:	Zip	City	State		Zψ	
8 PESIDENT AGE	NT IN BH	 ODE ISLAND = DC	I	ges require filing of Form 6	42 - R.I.G.L. 7-1	6-11		
Agent Name	, ,	ODE ISERIŅE - DŅ	THO ALIEN CHAIR	Address		·		
JOHN A. MURPHY,	ESQ.	•	•					
Address				City Zip		Zip		
77 NARRAGANSETT AVENUE				JAMESTOWN 0283		02835-	135-	
11 11/10/10/10/10/10/10			<u></u>			1		
		This was not seemed	he signed in ink her as	a authorized parcon pursuant.	IN PICI 7-16-	KK		

File Date	9/13/05136857
Check No	124
Ву:	DA
	FOR SECRETARY OF STATE USE ONLY

irm that I have examined this report, d statements, and that all statements.
(-11-or
Date