



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. 143758		2. Exact name of the limited liability company Kingstown Green, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Invest in real estate			
5. Principal office address 44 WILCLAIR STREET		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVEN W. DEPASQUALE			Contact Title OPERATING MANAGER		
Street Address 44 WILCLAIR STREET		City WARWICK	State RI	Zip 02886	
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 STEVEN W. DEPASQUALE		Manager Name MARK P. DEPASQUALE			
Street Address 44 WILCLAIR STREET		Street Address 44 WILCLAIR STREET			
City WARWICK	State RI	Zip 02886	City CRANSTON	State RI	Zip 02886
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 F. MOORE MCLAUGHLIN, IV ESQ.			Address 32 CUSTOM HOUSE STREET, SUITE 500		
Address		City PROVIDENCE	Zip 02903		

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



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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.

143758 DLLC 09/26/05 02:45:06 PM

File Date 11/23

Check No. 1437

By: MD

FOR SECRETARY OF STATE USE ONLY

Mark DePasquale 10-4-05
Signature of Authorized Person Date
MARK DEPASQUALE
Print or Type Name of Authorized Person