



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. 143059		2. Exact name of the limited liability company DEWEY AVENUE, 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 DEVELOPMENT			
5. Principal office address 612 GREENWICH AVENUE			City WARWICK	State RI	Zip 02886-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH L. CAPELLI			Contact Title MEMBER		
Street Address 612 GREENWICH AVENUE			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			*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 JEFFREY F. CAFFREY, ESQ.			Address 300 CENTERVILLE ROAD		
Address			City WARWICK	Zip 02886-	

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



1 4 3 0 5 9

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.

143059 DLLC 09/22/05 03:11:54 PM

File Date 9/30/05

Check No. 1133

By: JA

FOR SECRETARY OF STATE USE ONLY

Joseph L. Catelli 9/23/05
Signature of Authorized Person Date
JOSEPH L. CAPELLI
Print or Type Name of Authorized Person