



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. 139459 | | 2. Exact name of the limited liability company Promenade Building Associates, 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 | |
| 5. Principal office address 235 PROMENADE STREET | | City PROVIDENCE | State RI |
| | | Zip 02908- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Thomas F. Guerra | | Contact Title . | |
| Street Address 235 Promenade Street | | City Providence | State RI |
| | | Zip 02908 | |
| 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 checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT: R.I.G.L. 7-16-12 (a) (2) 7-16-52 | | | |
| Manager Name Thomas F. Guerra | | Manager Name . | |
| Street Address 235 Promenade Street | | Street Address . | |
| City Providence | State RI | City . | State . |
| Zip 02908 | | Zip . | |
| Manager Name . | | Manager Name . | |
| Street Address . | | Street Address . | |
| City . | State . | City . | State . |
| Zip . | | Zip . | |
| 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filing of Form 642 R.I.G.L. 7-16-14 | | | |
| Agent Name SANDRA MATRONE MACK, SEC. | | Address 1500 FLEET CENTER | |
| Address HASLAW, LLC | | City PROVIDENCE | Zip 02903- |

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



1 3 9 4 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.

Sandra Matrone Mack 10/24/05
Signature of Authorized Person Date

SANDRA MATRONE MACK, Sec. HASLAW, LLC
Print or Type Name of Authorized Person

139459 DLLC 10/21/05 03:18:25 PM
File Date 2/24/06
Check No. 175285
By: B
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