

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) 2. Exact name of the limited liabilty company 131362 Bannisters Wharf Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island INVEST IN, HOLD, MANAGE, AND DISPOSE OR REAL ESTATE RHODE ISLAND 5. Principal office address State City Zip BANNISTERS WHARF NEWPORT RI 02840 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name BANNISTERS WHARF COMPANY, INC. MEMBER Street Address City State Zip BANNISTERS WHARF . NEWPORT RI 02840 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABIETTY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS $_{\circ}$ ("X" BOX FOR ATTACHMENT) \Box **∆** > 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 State City City State Zip Zip 8, RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - RJ.GL. 7-16-11 Address JAMES H. HAHN, ESQ. 180 SOUTH MAIN STREET Address Zip **PROVIDENCE** 02903-

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

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FOR SECRE	TARY OF STATE US	E 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 ase true and correct.
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Signature of Multiple Serson Date
DAVID W. RAY
Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State
Corporations Division
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Signature of Authorised Person

Date

Date

Print or Type Name of Authorized Person