



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. 131161		2. Exact name of the limited liability company Colony Properties, 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 Investment	
5. Principal office address 39 Rollingwood Drive		City Johnston	State RI
			Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert B. Allyn, JR.		Contact Title Member	
Street Address 39 Rollingwood Drive		City Johnston	State RI
			Zip 02919
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 ROBERT A. PERETTI, ESQ.		Address 1536 WESTMINSTER STREET	
Address		City PROVIDENCE	Zip 02909-

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FILED

MAR 29 2006

By AME

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



1 3 1 1 6 1

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.

Robert B. Allyn, Jr. 3/22/06
Signature of Authorized Person Date

Robert B. Allyn, Jr., Member
Print or Type Name of Authorized Person

131161 DLLC 09/17/03 12:58:12 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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File Date 4/6/05

Check No. 1516

By: RA

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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.

Robert B. Allyn, Jr. Date _____
Signature of Authorized Person

Robert B. Allyn, Jr., Member
Print or Type Name of Authorized Person