



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. 139564		2. Exact name of the limited liability company Copper Beech Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, MANAGE, SELL, LEASE AND OTHERWISE DEAL WITH REAL ESTATE			
5. Principal office address 23 HILLCREST ROAD		City WAKEFIELD	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SUSAN M. MEEHAN			Contact Title MEMBER		
Street Address 23 HILLCREST ROAD		City WAKEFIELD	State RI	Zip 02879	
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 N/A - NO MANAGERS			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 SUSAN M. MEEHAN			Address		
Address 23 HILLCREST ROAD			City WAKEFIELD	Zip 02879	

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



File Date	9/7/05	*139564*
Check No.	1154	
By:	DA	
FOR SECRETARY OF STATE USE 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 are true and correct.

Susan M. Meehan **9/6/05**
 Signature of Authorized Person Date
SUSAN M. MEEHAN
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 139564		2. Exact name of the limited liability company Copper Beech Realty, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, manage, sell, lease and otherwise deal with real estate	
5. Principal office address 23 Hillcrest Road		City Wakefield	State RI
		Zip 02879	
6. CONTACT PERSON OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON			
Contact Name Francis A. Cloos Susan M. Meehan		Contact Title Member	
Street Address 23 Hillcrest Road		City Wakefield	State RI
		Zip 02879	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS WITH COPY OF ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.G.L. 7-16-12)(a)(2) 7-16-02			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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. 7-16-11			
Agent Name James H. Hahn, Esquire		Address Partridge, Snow & Hahn, LLP	
Address 180 South Main Street		City Providence	Zip 02903

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

File Date: 11/15/04
 Check No.: 1113
 By: W.
 FOR SECRETARY OF STATE USE 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 are true and correct.

Susan M. Meehan 11/11/04
 Signature of Authorized Person Date
Susan M. Meehan
 Print or Type Name of Authorized Person