



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. 139964		2. Exact name of the limited liability company MARDAVIAN, 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 Management	
5. Principal office address 36 Washington Square		City Newport	State RI
Zip 02840			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mark B. Bardorf		Contact Title	
Street Address 36 Washington Square		City Newport	State RI
Zip 02840			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS IN "X" BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) i. 7-16-52			
Manager Name Mark B. Bardorf		Manager Name	
Street Address 36 Washington Square		Street Address	
City Newport	State RI	Zip 02840	City Newport
State RI	Zip 02840	City Newport	State RI
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11.			
Agent Name MARK B. BARDORF, ESQ.		Address 36 Washington Square	
Address		City NEWPORT	Zip 02840-

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



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File Date 11/23/05

Check No. 277

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.

[Signature]  
Signature of Authorized Person      Date

Matthew A. Brown  
Print or type Name of Authorized Person

05 NOV 23 PM 2:19  
SECRETARY OF STATE  
CORPORATIONS DIV