



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 134966		2 Exact name of the limited liability company Kyriakides & Kyriakides Residential 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 ACQUISITION, HOLDING, AND MAINTENANCE	
5 Principal office address 53 PURGATORY ROAD		City MIDDLETOWN	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETROS KYRIAKIDES		Contact Title MEMBER	
Street Address 53-55 PURGATORY ROAD		City MIDDLETOWN	State RI
		Zip 02842	
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 PETROS KYRIAKIDES		Manager Name	
Street Address 53-55 PURGATORY ROAD		Street Address	
City MIDDLETOWN	State RI	City	State
Zip 02842		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 DAVID P. MARTLAND, ESQ.		Address	
Address 1100 AQUIDNECK AVENUE		City MIDDLETOWN	Zip 02842

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



134966

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.

File Date 1/23/06
Check No. 3011
By [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 12/5/05
Signature of Authorized Person Date
David P. Martland
Print or Type Name of Authorized Person



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

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Street Address 53-55 PURGATORY ROAD		*Street Address			
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*Manager Name		*Street Address			
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134966 DLLC 11/02/04 03:52:44 PM	
File Date	11/20/05
Check No.	9053
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.

David P. Martland 11/3/04
Signature of Authorized Person Date
David P. Martland
Print or Type Name of Authorized Person