



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 115869		2. Exact name of the limited liability company LaRose Realty, 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 2296 Post Road			City Warwick	State Rhode Island	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Douglas G. LaRose			Contact Title Member		
Street Address 2296 Post Road			City Warwick	State Rhode Island	Zip 02886
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 DOUGLAS G. LAROSE			Address		
Address 2296 POST ROAD			City WARWICK	Zip 02886	

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



File Date	10.05.05	115869
Check No.	1112	
By:	[Signature]	
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.

Douglas G. LaRose 10-3-05
 Signature of Authorized Person Date

Douglas G. LaRose
 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

Corporation's Division
 100 North Main Street
 Providence, RI 02903-1335
 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
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Agent Name DOUGLAS G. LAROSE			Address		
Address 2296 POST ROAD		City WARWICK	Zip 02886-		

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



* 1 1 5 8 6 9 *

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 9/27/04
 Check No 1086
 By DA
 FOR SECRETARY OF STATE USE ONLY

Douglas G. LaRose
 Signature of Authorized Person Date

Douglas G. LaRose 9-27-04
 Print of Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115869		2. Exact name of the limited liability company LaRose Realty, 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 2296 Post Road			City Warwick	State Rhode Island	Zip 02884
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Douglas G. LaRose			Contact Title Member		
Street Address 2296 Post Road			City Warwick	State Rhode Island	Zip 02886
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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 DOUGLAS G. LAROSE			Address		
Address 2296 POST ROAD			City WARWICK	Zip 02886-	

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



* 1 1 5 8 6 9 *

File Date	9-8-03
Check No.	1055
By	DL
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.

Douglas G. LaRose **9-8-03**
Signature of Authorized Person Date

Douglas G. LaRose
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115869		2. Exact name of the limited liability company LaRose Realty, 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 2296 Post Road			City Warwick	State Rhode Island	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Douglas G. LaRose			Contact Title Member		
Street Address 2296 Post Road			City Warwick	State Rhode Island	Zip 02886
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 DOUGLAS G. LAROSE			Address		
Address 2296 POST ROAD			City WARWICK	Zip 02886	

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



* 1 1 5 8 6 9 *

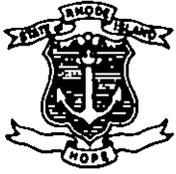
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date	9.27.02
Check No.	1031
By:	DL
FOR SECRETARY OF STATE USE ONLY	

Douglas G. LaRose 9-4-02
Signature of Authorized Person Date
Member
Print or type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 115869

Annual Report for the year 2001

1. The name of the limited liability company is:

LaRose Realty, LLC

2. The address of the principal office of the limited liability company is:

2296 POST ROAD, WARWICK, RI 02886

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DOUGLAS G. LAROSE

2296 POST ROAD WARWICK RI 02886-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: DOUGLAS G. LAROSE - MEMBER

2296 POST ROAD, WARWICK, RI 02886

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE MANAGEMENT

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated OCTOBER 25, 2001



1 1 5 8 6 9

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.

LAROSE REALTY LLC

Exact Name of Limited Liability Company

By Douglas G. LaRose
DOUGLAS G. LAROSE - MEMBER
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-30-01</u>
Check No.:	<u>1012</u>
By:	<u>[Signature]</u>