



# 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. 140170		2. Exact name of the limited liability company Wilma Properties, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Sell and Own Real Estate	
5. Principal office address 1 Ship Street		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew Wilkes		Contact Title Operating Manager	
Street Address P.O. Box 29412		City Providence	State RI
		Zip 02906	
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 Andrew Wilkes		*Manager Name	
Street Address P.O. Box 29412		*Street Address	
City Providence	State RI	Zip 02906	*City
*Manager Name		*State	
*Street Address		*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 Stephen M. Litwin, Esquire		Address One Ship Street	
Address		City Providence	Zip 02903

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



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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.

File Date 11/23/05  
Check No. 1612  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] 11-4-05  
Signature of Authorized Person Date  
Andrew Wilkes  
Print or Type Name of Authorized Person