



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. 131870		2. Exact name of the limited liability company Branch Avenue Associates L.L.C.			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND RENT OUT COMMERCIAL PROPERTY AT 650 BRANCH AVENUE			
5. Principal office address c/o Parkway Asset Management 235 Moore St., Suite 102		City Hackensack	State NJ	Zip 07601	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul J. Gingras			Contact Title President of Parkway Asset Management, Agent		
Street Address Parkway Asset Management Corp. 235 Moore St., Suite 102		City Hackensack	State NJ	Zip 07601	
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 Branch Avenue Management Corp.			Manager Name		
Street Address c/o Norman A. Feinstein, Pres. 15 Maple Avenue			Street Address		
City Morristown	State NJ	Zip 07960	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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

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



131870

File Date	<u>9/28/05</u>
Check No.	<u>200298</u>
By:	<u>cm</u>
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.

Paul J. Gingras 9/12/05
Signature of Authorized Person Date
Paul J. Gingras
Print or Type Name of Authorized Person



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1. ID No 131870		2. Exact name of the limited liability company Branch Avenue Associates L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and rent out commercial property at 650 Branch Ave. Providence			
5. Principal office address c/o Parkway Asset Management 235 Moore Street-Suite 102		City Hackensack	State NJ	Zip 07601	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul J. Gingras			Contact Title Pres. of Parkway Asset Mgmt. Corp., Agent		
Street Address 235 Moore Street Suite 102		City Hackensack	State NJ	Zip 07601	
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					
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Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

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



* 1 3 1 8 7 0 *

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.

Paul J. Gingras 9/8/04
Signature of Authorized Person Date

Paul J. Gingras

Print or Type Name of Authorized Person

File Date	9/24/04
Check No.	175
By:	DA
FOR SECRETARY OF STATE USE ONLY	