



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)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------|---------------|
| 1. ID No. 141570 | | 2. Exact name of the limited liability company SMITH PECKHAM, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island | |
| 5. Principal office address 7 ROGER ROAD | | City JOHNSTON | State RI |
| | | Zip 02919- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Stephen J. DiGianfilippo, Esq. | | Contact Title | |
| Street Address 50 Park Row West, Suite 111 | | City Providence | State RI |
| | | Zip 02903 | |
| 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 (b) (2) / 7-16-52 | | | |
| Manager Name Edward T. Gallucci | | Manager Name | |
| Street Address 7 Roger Road | | Street Address | |
| City Johnston | State RI | City Johnston | State RI |
| Zip 02919 | | Zip 02919 | |
| 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 STEPHEN J. DIGIANFILIPPO, ESQ. | | Address 50 PARK ROW WEST, SUITE 111 | |
| 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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141570 DLLC 09/27/05 09:33:10 AM

File Date 10/27/05

Check No. 6563

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.

[Signature] 10/12/05
Signature of Authorized Person Date

Edward T. Gallucci, Manager

Print or Type Name of Authorized Person