

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: Septen (FORM MUST BE TYPED (Filing Fee: \$50.00						
1. ID No	2. Exact	name of the limited liability company							
139472	MARLE	BOROUGH 10 ASSOCIATES, LLC							
3. State of Formation		4. Brief description of the character of the histness which is actually conducted in Rhode Island							
RHODE ISLAND		Rest estate investment and warrant							
5. Principal office address	(C	harles S	1- XY	NewPord	Siaic T		20187D		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:									
Contact Name Stephen Cer. 7/11				Comaci Tule Manager - 654 OWN.					
		of 3541		Deugart	Siate		"8 25 h		
7. NAME AND ADDE	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE	_			
AN	FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (2) (2) / 7-16-52								
Manager Name				Manager Name	. , 10 12 (0.	, (=,, , = 0			
Manager Name 5 tephan J- Cerolli!			interinger resonate						
Sirver Address	6 2	charles St	+4	Street Address					
Cary Certhan	/	State	02640	City	State		Žφ		
Manager Name	~.		•	Manager Name		•			
Street Address			Street Address						
Cliv		State	Zip	City	State		Ζφ		
8. RESIDENT AGENT	IN RH	, ODE ISLAND, - DO N	OT ALTER - Changes	require filing of Form 642 - 1	R.I.G.L. 7-10	6-11	مدادات ما ما		
Agent Name			Address						
BENEDETTO A. CERIL	LI, JR.								
Address				Ctry		Zip			
80 AMERICA WAY				JAMESTOWN		02835-			

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

File Date	10	21	05139472	_
Check No		000 001	,	_
FOR:	SECRETAI	RY OF ST	ATE 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 of Authorized Person

Date

Print or Type Name of Authorized Person