



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  
401.222.3100

**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. 142674		2 Exact name of the limited liability company 282 County Road, 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 Holdings	
5 Principal office address 340 Washington Road		City Barrington	State Rhode Island
		Zip 02806	
<b>6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name Mark T. Romano, Esq		Contact Title Manager/Member	
Street Address 340 Washington Road		City Barrington	State Rhode Island
		Zip 02806	
<b>7 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b>			
FILL IN SPACES BEFORE USING ATTACHMENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO BOX FOR ATTACHMENT			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-12			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
<b>8 RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name Mark T. Romano, ESQ.		Address	
Address 9 Stanley Avenue		City Barrington	Zip 02806

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
05 SEP 13 AM 11:23

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



1 4 2 6 7 4

**FILED**

File Date: SEP 13 2005

Check No. BYM 76813

FOR SECRETARY OF STATE USE ONLY G/SB

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] 9-10-05  
Signature of Authorized Person Date

Mark T. Romano  
Print or Type Name of Authorized Person