STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: $50.00

1. ID No.	2. Exact name of the limited liability company		
141875	FERDINAND MANAGEMENT LLC.		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
RI	HOUSING MANAGEMENT COMPANY		
5. Principal office address	**City**	**State**	**Zip**
119 WEST AVE.	PAWTUCKET	RI	02860

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
LLOYD FERDINAND	OWNER		
Street Address	**City**	**State**	**Zip**
119 WEST AVE	PAWTUCKET	RI	02860

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT: R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
LLOYD FERDINAND	
Street Address	**Street Address**
119 WEST AVE	
City / State / Zip	**City / State / Zip**
PAWTUCKET, RI 02860	
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	Address
LLOYD FERDINAND	
Address	**City / Zip**
119 WEST AVE; PAWTUCKET, RI 02860	

FILED
AUG 17 2006
By AMF

2006 AUG 17 PM 1:33
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

37-0817006

[redacted]

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.

Lloyd Ferdinand 8-17-2006
Signature of Authorized Person *Date*

LLOYD FERDINAND
Print or Type Name of Authorized Person

[redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05