



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)

1. ID No. <u>141077</u>		2. Exact name of the limited liability company <u>WINDROCK LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>REAL ESTATE DEVELOPMENT</u>	
5. Principal office address <u>1272 W MAIN Rd</u>		City <u>MIDDLETOWN</u>	State <u>RI</u> Zip <u>02842</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>ROBERT KIELBASA</u>		Contact Title .	
Street Address <u>1272 W MAIN Rd</u>		City <u>MIDDLETOWN</u>	State <u>RI</u> Zip <u>02842</u>
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) / 7-16-62			
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>CAROLE E SACCUCCI ESQ</u>		Address .	
Address <u>1350 W MAIN Rd</u>		City <u>MIDDLETOWN</u>	Zip <u>02842</u>

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

<b>FILED</b>	
File Date	<u>AUG 21 2006</u>
Check No.	By <u>1120</u>
By	<u>QDA</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.

Robert J. Kiebas 8/14/06  
Signature of Authorized Person Date  
ROBERT J. KIEBAS, MEMBER  
Print or Type Name of Authorized Person