

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

I. ID No.	Ta 6				
141877	1	lings, LLC			
3. State of Formation	4. Brief descrip	tion of the character of th	e business which is actually conduct	ed in Rhode Island	· · · · · · · · · · · · · · · · · · ·
Rhode Islan	_ A		gement Company.		
5 Principal office addre	ys		City	State	Zip
2088 Broad St	reet		Cranston	RI	02905
6. MAILING ADDE	RESS OF LIMITED	LIABILITY COMP.	ANY AND NAME OR TITLE	E OF CONTACT PE	RSON:
Contact Nume	• •	•	*Contact Title		
Edward P. Reid	dy		Manager		
Street Address			City	State	Zip
2088 Broad Str	reet		.Cranston	RI	02905
Manager Name None Sircei Address		PACES BEFORE USIN TO MANAGERS REQ	UIRES FILING OF AMENDMENT  Manager Name  None  Street Address	( FOR ATTACHMENT) [ . R.I.G.L 7-16-12 (a) (2)	
City	State	Zip	*City	State	Zip
Manager Name	J		*Manager Name		
Sirvet Address			·Sireei Address		
Cin	State	Zip	Ciry	State	Zip
8. RESIDENT AGEN 4gent Name	I IT IN RHODE ISLAN	l ID -DO NOT ALTER- C	hanges require filing of Address	   Form 642 - R.I.GL.	l
Edward P. Reidy			2088 Broad St	reet	
Address			City		Zip
			Cranston		02905

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

	3/2/06	
File Date	3/2/1	-
Check No.	12461	
B <u>y:</u>	B	_
FOR SECRE	TARY 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 of Authorized Person

Edward P. Reidy

Print or Type Name of Authorized Person

Form 632 Rev. 12/05



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

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MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: more Hame ward P, Reidy  Wand P, Reidy  Manager  Coniect fille Manager  Canston  RI  Coniect fille Manager  RI  D2905  NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES SEFORE USING ATTACHMENTS (X* BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENI. R.I.G.L.7-16-12 (a) (2) 1-7-16-52  Manager Name  **Manager Name  **Mana	Rhode Island			·			
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Manager  Man	MAILING ADD	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE			
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ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-18-12 (a) (2) / 7-18-52  **Manager Name**  **Manager Name**  **Street Address**  **Street Addres			ANACED OF THE		1	المتهيها والمتباط للسوار والسالات	
Manager Name  Manager Name  Siver Address  Sore	TAME AND AD						
Signature of Authorized Person  Signature of Authorized Person  Date  Signature of Authorized Person  Date  Edward P. Reidy, Esq.  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.  When the content is a supplied to the content of the		ANY MODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2	7 7-16-52	
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State   Zip   City   State   Zip   Z		· · · · · · · · · · · · · · · · · · ·			<del> </del>	<u> </u>	
The Supertagn of Fare Lise Only  Wanger Name  **Manager Name  **Manager Name  **Manager Name  **Manager Name  **Street Address  Street Address  **Street Address  **Street Address  **Street Address  **Description of Form 642 - R.I.Gl. 7-16-11  **Address  **Description of Form 642 - R.I.Gl. 7-16-11  **Descrip	reel Address			* Sirvei Agaress			
RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11  Min Name  dward P. Reidy, Esq.  Crip  Cranston  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  Edward P. Reidy, Esq.  Print or Type Name of Authorized Person  Date  Edward P. Reidy, Esq.  Print or Type Name of Authorized Person  Date  Edward P. Reidy, Esq.  Print or Type Name of Authorized Person	ity	State	Zip	•Ciry	State	Zip	
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dward P. Reidy, Esq.    City   Cranston   City	ity	State	Zip	City	State	Zip	
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dward P. Reidy, Esq.  City Cranston	gent Name	A) IN KHODE ISLAM	J-DONOT ALTER- C		-orm 642 - K.L.G.L.	. /-10-11	
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Print or Type Name of Authorized Person	File Date ///C	2/ 0.3 /	_	this report, include and that all statem and Signature of Author	ing any accompanying tents contained herein little description in the	g schedules and statements, are true and correct.  ////////D5  Date	
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