

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

1. ID No.	2. Exact name of the limited liability company							
135579	Lake S	Street Realty, LLC						
3 State of Formation RHODE ISLAND	•	4. Brief description of REALTY COMP		mess which is actually conducted in Rh	bich is actually conducted in Rhixle Island			
5 Principal office add	Principal office address			City	State	Zip		
23 Woodcrest Drive			Johnston	RI	02919			
	RESS OF L	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	•		
Contact Name Stephen A.	Foolo			Contact Title				
Sinci Address				Principal Guy	State	Zip		
23 Woodcre	at Duice	_		•	• • • • • • • • • • • • • • • • • • •	'		
_				Johnston LIABILITY COMPANY, IF AP	RI RI	. 02919		
Manager Name				Manager Name				
N/A								
N/A Street Address				Street Address				
Street Address								
N/A Street Address City		State	Zip	Street Address City	State	Ζφ		
Street Address		State	Zip		State	7.φ		
Street Address Gity		State	Zip	City:	State	Ζ.φ		
Street Address City Manager Name Street Address		State	Zip	City Manager Name	State State State	Zip		
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Street Address City Manager Name Street Address City 8. RESIDENT AG		State ODE ISLAND - D	Zip	City Manager Name Street Address City hanges require filing of Fore	State	Zip		
Street Address Gity Manager Name Street Address City 8. RESIDENT AG Agent Name		State ODE ISLAND - D	Zip	City Manager Name Street Address City hanges require filing of Fore	State	Zip		

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

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File Date	115/04	*135579*
Check No.	8628	
Ву:	KMC	
	FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declare and	affirm that I have examined this repor
ncluding any accompanying schedules	rand statements, and that all statement

Signature of Adulphized Person

Date

Stephen A. Feole

Print or Type Name of Authorized Person



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(FORM MUST BE TYPED	OR PRIN	TED IN BLACK)						
I. ID No	2. Exact	name of the limited liabili	ty company					
135579	Lake Street Realty, LLC							
3 State of Formation		4. Brief description of the	character of the histness wi	bich is actually conducted in Rh	ode Island			
RHODE ISLAND		Realty Comp	any					
5. Principal office address				City	State		Zip	
23 Woodcrest Drive				Johnston	1	RI	02919	
6. MAILING ADDRES	SS OF L	IMITED LIABILITY (COMPANY AND NAMI	E OR TITLE OF CONTAC	T PERSON:		• • • • • • • • • • • • • • • • • • • •	
Contact Name				Contact Title				
Stephen A. F	<u>eore</u>			Principal_				
Street Address				Citr	State		Zip	
	23 Woodcrest Drive			Johnston	R	02919		
7. NAME AND ADDE	RESS OF			ILITY COMPANY, IF AP				
ANS	MODE	FILL IN SPACES FICATIONS TO MAN	BEFORE USING ATTA	CHMENTS ("X" BOX I LING OF AMENDMENT,	FOR ATTACHMENT	r) 🔲	(**	
Manager Name	·	TOTALIONS TO HIRI	INGERS REQUIRES FL	:	K.I.G.L. /-10-12 (a)(2)/ /-1	0-52	
N/A				Manager Name				
Street Address								
SIRVE Address				Street Address				
City		State	Zip	City	State		Zip	
							·	
Manager Name				Manager Name		••••••	• * • • • • • • • • • • • • • • • • • •	
- Co								
Street Address				Street Address				
City		Cana	T	-			-	
City		State	Zip	City	State		Zip	
8. RESIDENT AGENT	ΓIN RH	i ODE ISLAND - DO N	I (OT ALTER - Changes	: require filing of Form	 642 RIGI 7.	16.11	1	
Agent Name				Address				
DOBERT L COCCUEN	500						<u>G</u> : .	
ROBERT J. COSENTIN	NU, ESU.	·		City		_		
		_		·		Zip	<u> </u>	
950 SMITH STREET	_		<u>·1.) </u>	PROVIDENCE		02908-	<u> </u>	
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		6139	19				& :	
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		rus report must be	sign ca in ink by an a	uthorized person pursua)	II 10 K.I.G.L. 7-16-	00.		
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	* 1	3 5 5 7 9	· (## ★	Under nearly of a	seriusy I declare and	affirm that file	nave examined this repor	
				including any acco			is, and that all statement	
File Date				- /	1 1	0	,	
				SUI	1/100	0 1	126/15	
Check No.	<u>.</u>			Signature of Author	ized Person	Date	is patro	

Print or Type Name of Authorized Person