



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. 131380		2. Exact name of the limited liability company Heroux Properties Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT OF INVESTMENT PROPERTY			
5. Principal office address 1172 OLD SMITHFIELD RD			City NO. SMITHFIELD	State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEITH A. HEROUX			Contact Title PRESIDENT		
Street Address 980 EDDIE DOWLING HWY.			City N. SMITHFIELD	State RI	Zip 02896
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) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 KEITH A. HEROUX			Address		
Address 1172 OLD SMITHFIELD ROAD			City NORTH SMITHFIELD	Zip 02896-	

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



File Date: 9/26/05 131380*

Check No. 131

By: *ajv*

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.

Keith A. Heroux
 Signature of Authorized Person

8/29/05
 Date

KEITH A. HEROUX
 Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
106 North Main Street
Providence, RI 02903-1355
PH 222 3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with fields for ID No. (131380), Exact name of the limited liability company (Heroux Properties Realty, LLC), State of Formation (RHODE ISLAND), Brief description of the character of the business (MANAGEMENT OF INVESTMENT PROPERTY), Principal office address (1172 OLD SMITHFIELD RD), Mailing address, and Manager information (KEITH A. HEROUX).

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



* 1 3 1 3 8 0 *

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

File Date: 10/25/04
Check No: 120
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature]
Date: 10/19/04
Print or Type Name of Authorized Person: KEITH A. HEROUX