



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. 140081		2. Exact name of the limited liability company Lauderdale Associates, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate		
5. Principal office address 144 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Susan Leach DeBlasio		Contact Title Attorney		
Street Address 10 Weybosset Street		City Providence	State RI	Zip 02903
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 William J. Piccerelli		Manager Name		
Street Address 144 Westminster Street		Street Address		
City Providence	State RI	Zip 02903	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	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 SUSAN LEACH DEBLASIO		Address 10 WEYBOSSET STREET		
Address		City PROVIDENCE	Zip 02903	

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



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\*140081 DLLC 02/10/06 11:00:21 AM\*

File Date 2/10/06

Check No. 64759

By: ES

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.

Esther E. Stone 2-10-06  
Signature of Authorized Person Date

Esther E. Stone  
Print or Type Name of Authorized Person