

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) 2. Exact name of the limited liabilty company 118581 E&S Little Angel Properties, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT RHODE ISLAND 5. Principal office address State Zio 2890 POST ROAD WARWICK RI 02886-CAMAILING ADDRESS AO E IMITE DIETABILITA COMPANY AND NAME OR TITLE OF CONTACT PERSONS Contact Name Contact Title LORI A WAGNER .MEMBER Street Address City WARWICK 205 HALLENE ROAD, UNIT 324 RI 02886-NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LAABILITY COMPANY IF APPLICABLE,
FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) (1)

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT OF THE LIGUE TO SEE THE SEE Manuger Name · Manager Name Street Address · Street Address City State Zip City State Zip

City Ciry STRESIDENT AGENT IN THO DO ISDAND FOR WORLD FEET Changes require ulting of Form 642 extra materia BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET Address City Zıp **PROVIDENCE** 02903-

Manager Name

Street Address

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

State

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Manager Name

Street Address

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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.

Lori A. Wagner

Print or Type Name of Authorized Person



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 2004

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

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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.

Signature of Authorized Person

Date /

LORI A. WAGNER



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 2003

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

(FORM MUST BE TYPE	D OR PRINTED IN BL.	ACK)					
I. ID No	2 Exact name of the li	2 Exact name of the limited liability company					
118581	E&S Little Angel	•					
3. State of Formation	I		he business which is actually cond	lucted in Rhode Island	<del></del>		
Rhode Island Real Estate Development							
5 Principal office addre		•	City	State	Zip	•	
205 Hallene Ro	oad, Unit 324		Warwick	RI	02886		
6. MAILING ADDE	ESS OF LIMITED	LIABILITY COMP	ANY AND ENAME OR TH	TUE OF CONTACT I	ERSON:	¥	
Contact Name			Contact Title		-arrener v akoronak w ellari i vilililal statu qito firikilije filatilije		
Lori A. Wagner	c		.Member				
Street Address	<del></del> -		City	State	Zip	-	
205 Hallene Ro	ad, Unit 324		.Warwick	RI	02886		
7. NAME AND ADI	RESSIOFIEACIEN	IANAGER OF THE	LIMITED LIABILITY	OMPANY, IF APPL	GABLE PURE STORE		
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	ANY MODIFICATIONS	TO MANAGERS REC	UIRES FILING OF AMENDME	NT., R.I.G.L.7-16-12 (a):(	2) 1.7-16-52 (4)	<i>y</i> 1	
Manager Name			<ul> <li>Manager Name</li> </ul>				
N/A			•				
Street Address	<u> </u>		• Street Address	-		-	
			<u> </u>				
City	State	Zip	•City	State	Zip		
 	J		• • • • • • • • • • • • • •				
Manuger Name			*Manager Name				
			•				
Street Address			*Sireet Address *				
City	State	Zip	City	State	Zip		
,		, <i>,</i>	• ′	O.L.			
8. RESIDENT AGEN	TIN RHODE ISLAN	D. DO NOT ALTER- C	hanges reguire filing	of Form 642 Pt Ci	SAPATIS DANGE - CASE STATES	Z. 164	
Agent Name	andriker, alektyreletik danakeri	na to American Springer Brist William and the Committee of the Committee o	Address	Constitute to the state of the	Land Same Control of the Control of	4 A 2	
Bruce A. Wolpert,	Esq.		10 Dorrance	Street, Suite	530		
Address			City	· <del>  </del>		Zip	
Wolpert & Gerstenblatt, Inc.			Providence	Providence		02903	
	<u></u> .	<del></del>	·	<del></del>			

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





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.

Check No

FOR SECRETARY OF STATE USE ONLY

Lori A. Wagner

Print or Type Name of Authorized Person

Signature of Authorized Person



Edward S. Immun, HI, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## L'MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

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V. SECRET	TARY OF STATE LISE ONLY

Under penalty of perjuty, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that I statements contained herein are true and correct.

Signature of Authorized Person Date

Lori A. Wagner

Print or Type Name of Authorized Person