



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. 138781		2. Exact name of the limited liability company NJP Properties, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Ownership and management of real estate.	
5. Principal office address 61 Prospect Street		City South Dartmouth	State Massachusetts
		Zip 02748	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Nancy J. Picard		Contact Title Member	
Street Address 61 Prospect Street		City South Dartmouth	State Massachusetts
		Zip 02748	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS 2-12. BOX FOR ATTACHMENT 1 ANY MODIFICATIONS TO MANAGERS REQUIRE FILING OF AMENDMENT (RIGL 15-12-01/2/3/7-15-12)			
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	City	State
Zip		Zip	
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642-RICL 7-16-11			
Agent Name Daniel J. Archetto, Esquire		Address	
Address 155 South Main Street		City Providence	Zip 02903

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



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File Date	10/24/05
Check No	19994
By	CXC
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.

Nancy J. Picard 10/8/05
Signature of Authorized Person Date
Nancy J. Picard - Member
Print or Type Name of Authorized Person