



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Mathew 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. 144183 | | 2. Exact name of the limited liability company 25 Fairmount Avenue 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 15 SCOTCH PINE CIRCLE | | City WELLESLEY | State MA | Zip 02481- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name JOSEPH R. DISTEFANO | | Contact Title ATTORNEY | | | |
| Street Address ONE CITIZENS PLAZA, 8TH FLOOR | | 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) / 7-16-32 | | | | | |
| Manager Name CONTOS MANAGEMENT CORP. | | • Manager Name • NONE | | | |
| Street Address 15 SCOTCH PINE CIRCLE | | • Street Address • | | | |
| City WELLESLEY | State MA | Zip 02481 | City • | State • | Zip • |
| Manager Name NONE | | • Manager Name • NONE | | | |
| 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 ADLER POLLOCK & SHEEHAN P.C. | | Address ONE CITIZENS PLAZA, 8TH FLOOR | | | |
| Address • | | 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 3/13/06

Check No. 17066 m92238

By: KML

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.

Katerina N. Contos 3-9-06
Signature of Authorized Person Date

KATERINA N. CONTOS, PRES. OF CONTOS MANAGEMENT CORP.
Print or Type Name of Authorized Person