



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. 138582		2. Exact name of the limited liability company Russell & Russell Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE PURCHASE, OWNERSHIP, DEVELOPMENT, MAINTENANCE OF REAL PROPERTIES, AND IMPROVEMENTS OF ALL KINDS AND DESCRIPTIONS	
5. Principal office address 8 WOODMAN'S TRAIL		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PAUL D. RUSSELL		Contact Title MEMBER	
Street Address 8 WOODMAN'S TRAIL		City WAKEFIELD	State RI
		Zip 02879	
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
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name STEVEN M. MCINNIS, ESQ.		Address 38 BELLEVUE AVENUE, SUITE H	
Address		City NEWPORT	Zip 02840-

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



1 3 8 5 8 2

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.

Paul D. Russell 9-12-05
Signature of Authorized Person Date

PAUL D. RUSSELL

Print or Type Name of Authorized Person

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File Date 10-31-05

Check No. 10019

By: [Signature]

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