



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

Matthew A. Brown, Secretary of State  
Corporations Division  
118 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 135285		2. Exact name of the limited liability company Little Compton Holdings, LLC			
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and manage real property			
5. Principal office address 10 High Meadow Road		City Little Compton	State RI	Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David J. Ahearn			Contact Title		
Street Address 10 High Meadow Road		City Little Compton	State RI	Zip 02837	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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 no managers			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
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 David J. Ahearn			Address		
Address 10 High Meadow Road		City Little Compton		Zip 02837	

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

File Date 8/10/06  
Check No. 7734  
By [Signature]  
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] 8/9/06  
Signature of Authorized Person Date  
**Daniel Stone, Esq.**  
Print or Type Name of Authorized Person



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and manage real property	
5. Principal office address 10 HIGH MEADOW ROAD		City LITTLE COMPTON	State RI
		Zip 02837-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David J. Ahearn		Contact Title	
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Agent Name DAVID J. AHEARN		Address 10 HIGH MEADOW ROAD	
Address		City LITTLE COMPTON	Zip 02837-

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



1 3 5 2 8 5

*135285 DLLC 06/06/05 03:36:27 PM*	
File Date	6/8/05
Check No.	7392
By:	DA
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  
6/7/05  
Date  
Daniel Stone  
Print or Type Name of Authorized Person