



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. 139086		2. Exact name of the limited liability company Santaniello Realty, 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 management	
5. Principal office address 33 HOMEWOOD AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02911-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Connie M. McClurg		Contact Title	
Street Address 33 Homewood Avenue		City North Providence	State RI
		Zip 02911	
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	State	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	City
State	State	State	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name CONNIE M. MCCLURG		Address 33 HOMEWOOD AVENUE	
Address		City NORTH PROVIDENCE	Zip 02911-

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



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\*139086 DLLC 09/27/05 07:54:08 AM\*

File Date 11/10/05

Check No. 1359

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.

Connie M. McClurg 9/27/05  
Signature of Authorized Person Date  
Connie M. McClurg  
Print or Type Name of Authorized Person