



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. 132088 | | 2. Exact name of the limited liability company 1160 PAWTUCKET AVE., 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 HOLDINGS | | | |
| 5. Principal office address 1308 Atwood Avenue | | | City Johnston | State RI | Zip 02919 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Arthur G. Capaldi | | | Contact Title Attorney for Process | | |
| Street Address 1035 Main Street | | | City Coventry | State RI | Zip 02816 |
| 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 David J. Lucier | | | Manager Name Leo J. DeLisi, Jr. | | |
| Street Address 1308 Atwood Avenue | | | Street Address 400 Reservoir Avenue | | |
| City Johnston | State RI | Zip 02919 | City Providence | State RI | Zip 02907 |
| 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 ARTHUR G. CAPALDI ESQ | | | Address | | |
| Address 1035 MAIN STREET | | | City COVENTRY | Zip 02816- | |

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



File Date 1/24/06 *132088*

Check No. 2060

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] 10/2/05
Signature of Authorized Person Date

David J. Lucier
Print or Type Name of Authorized Person



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| Street Address 1308 Atwood Ave. | | | Street Address 400 Reservoir Avenue | | |
| City Johnston | State RI | Zip 02919 | City Providence | State RI | Zip 02903 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
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| Address 1035 MAIN STREET | | | City COVENTRY | Zip 02816 | |

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



* 1 3 2 0 8 8 *

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.

File Date 10/18/04
Check No 1990
By: W.
FOR SECRETARY OF STATE USE ONLY

[Signature] 10/1/04
Signature of Authorized Person Date
David J. Lucier
Print or Type Name of Authorized Person