



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. 143288		2. Exact name of the limited liability company DeFelice Management, 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 3960 POST ROAD		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Todd A. David		Contact Title Manager	
Street Address 3960 Post Road		City Warwick	State RI
		Zip 02886	
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 Todd A. David		Manager Name Thomas DeFelice	
Street Address 3960 Post Road		Street Address 3960 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 HOBSON & COUTU, LTD.		Address 222 JEFFERSON BOULEVARD	
Address		City WARWICK	Zip 02886-

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



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**FILED**

\*143288 DLLC 10/20/05 04:10:59 PM\*

File Date NOV 03 2005

Check No. 915 By KMC

By AS81580

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.

Todd A. David 10/29/05  
Signature of Authorized Person Date

TODD A. DAVID, Manager

Print or Type Name of Authorized Person