



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. <b>140190</b>		2. Exact name of the limited liability company <b>CARMICHAEL ESTATES III LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE INVESTMENTS</b>	
5. Principal office address <b>130 ANGELL ROAD</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>E. ERIC YEGHIAN</b>		Contact Title <b>MANAGER</b>	Zip <b>02864</b>
Street Address <b>130 ANGELL ROAD</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
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 <b>E. ERIC YEGHIAN</b>		Street Address <b>130 ANGELL ROAD</b>	City <b>CUMBERLAND</b>
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>
Manager Name <b>E. ERIC YEGHIAN</b>		Manager Name <b>E. ERIC YEGHIAN</b>	
Street Address <b>130 ANGELL ROAD</b>		Street Address <b>130 ANGELL ROAD</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>
Manager Name <b>E. ERIC YEGHIAN</b>		Manager Name <b>E. ERIC YEGHIAN</b>	
Street Address <b>130 ANGELL ROAD</b>		Street Address <b>130 ANGELL ROAD</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name <b>PETER J. ROTELLI, ESQ.</b>		Address <b>ONE JAMES STREET</b>	
Address <b>ONE JAMES STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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

**FILED**

SEP 09 2005



by **KMC**

**C96535**

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.

**E. ERIC YEGHIAN**  
Signature of Authorized Person

**9/9/05**  
Date

**E. ERIC YEGHIAN**  
Print or Type Name of Authorized Person

File Date	<b>*140190*</b>
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	