



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. 130244		2. Exact name of the limited liability company Cedarhurst Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND OTHERWISE DEALING IN REAL PROPERTY	
5. Principal office address 44 FISHING COVE ROAD		City NORTH KINGSTOWN	State RI
			Zip 02852-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN V KALANDER		Contact Title	
Street Address 146 WESTMINSTER ST		City PROVIDENCE	State RI
			Zip 02903-
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 Paul W. Forsell		*Manager Name Shawn C. Ward	
Street Address 44 Fishing Cove Road		*Street Address 340 Boston Neck Road	
City North Kingstown	State RI	Zip 02852	*City North Kingstown
			State RI
			Zip 02852
Manager Name Matthew J. Mirandou		*Manager Name	
Street Address 17 Lillibridge Drive		*Street Address	
City East Greenwich	State RI	Zip 02818	*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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET	
Address KALANDER & SHAW, LTD.		City PROVIDENCE	Zip 02903-

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



1 3 0 2 4 4

*130244 DLLC 09/13/05 11:49:16 AM*	
File Date	10-07-05
Check No.	284
By:	UP
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.

Paul Forsell 10-3-05  
Signature of Authorized Person Date  
PAUL FORSELL  
Print or Type Name of Authorized Person



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			Zip 02852-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jonathan V. Kalandar		Contact Title	
Street Address 146 Westminster Street		City Providence	State RI
			Zip 02903
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\*130244 DLLC 09/15/04 04:13:11 PM\*

File Date 12/9/04

Check No. 1787

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]

11-15-04

Signature of Authorized Person

Date

[Signature]

Print or Type Name of Authorized Person