



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

*Office of the Secretary of State*

**Matthew A. Brown**

*Secretary of State*

July 17, 2006

Almeida Street Properties, LLC  
c/o DREW P. KAPLAN, ESQ.  
ONE PARK ROW, SUITE 300  
PROVIDENCE, RI 02903-

RE: Corporation ID # 144491  
Almeida Street Properties, LLC

Dear Sir or Madam:

The Corporations Division of the Office of the Secretary of State has yet to receive your Annual Report for the year 2005.

Pursuant to the provisions set forth in Section 7-16-41 of the General Laws of the State of Rhode Island, the Certificate of Organization/Registration of the above named entity will be revoked after 60 days from the date of this notice for failure to file the report.

Please file your Annual Report for the year 2005 with the Corporations Division within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Corporations Division at (401) 222-3040.

Sincerely,

Matthew Brown  
Secretary of State



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street, Providence, RI 02904-2615  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 144491		2. Exact name of the limited liability company Almeida Street Properties, 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	
5. Principal office address 21 CAMPBELL STREET		City PAWTUCKET	State RI Zip 02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David A. Strauss		Contact Title	
Street Address 21 Campbell Street		City Pawtucket	State RI Zip 02861
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11		Agent Name	
DREW P. KAPLAN, ESQ.		Address ONE PARK ROW, SUITE 300	
Address		City PROVIDENCE	Zip 02903-

06 AUG 30 AM 8:32  
SECRETARY OF STATE  
CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 4 4 4 9 1

\*144491 DLLC 10/13/05 03:28:52 PM\*

File Date

FILED

Check No.

AUG 30 2006

By:

By: [Signature] 9-083000

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 of Authorized Person

8-22-06

Date

David A. Strauss

Print or Type Name of Authorized Person