



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 132493		2. Exact name of the limited liability company TELMORE ROAD ASSOCIATES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN, LEASE AND DEVELOP REAL ESTATE	
5. Principal office address 101 TELMORE ROAD		City WARWICK	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALAN KATZ		Contact Title MEMBER	
Street Address 60 CREST DRIVE		City CRANSTON	State RI
		Zip 02921	
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	City	State
Zip		Zip	
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 STEVEN D. GOUVEIA, CPA		Address	
Address 400 RESERVOIR AVENUE, SUITE 2G		City PROVIDENCE	Zip 02907-

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



File Date	10/26/05	132493*
Check No.	3243	
By:		
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
Date
10/24/05
ALAN KATZ
Print or Type Name of Authorized Person



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		Zip 02818	
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Contact Name ALAN KATZ		Contact Title MEMBER	
Street Address SAME AS ABOVE		City	State
		Zip	
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 2 4 9 3 *

File Date 10/28/04
Check No. 2443
By: W.

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

10.20.04
Date

ALAN KATZ

Print or Type Name of Authorized Person