



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 Amended

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 86396		2. Exact name of the limited liability company Bissinger Family, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO HOLD, MANAGE, TRANSPER, AND ACQUIRE REAL ESTATE			
5. Principal office address WEST MAIN ROAD - BAYBERRY FARM		City LITTLE COMPTON		State RI	Zip 02837
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David T. Riedel		Contact Title Attorney			
Street Address 10 Weybosset Street, 10th Floor		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 Elizabeth Witt		Manager Name Frederick L. Bissinger, Jr.			
Street Address 540 Coral Creek Drive		Street Address 1502 Old Gulph Road			
City Placida	State FL	Zip 33946	City Villanova	State PA	Zip 19085
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 DAVID T. RIEDEL		Address 10 WEYBOSSET STREET			
Address		City PROVIDENCE		Zip 02903	

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



8 6 3 9 6

86396 DLLC 11/30/05 12:43:59 PM

File Date 12/14/05

Check No. _____

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.

Frederick L. Bissinger 12/2/05
Signature of Authorized Person Date

Frederick L. Bissinger, Authorized Representative
Print or Type Name of Authorized Person