



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)

Form with fields for: 1. ID No. 141299; 2. Exact name of the limited liability company Golden Hill 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, operate, develop, own, improve, lease and dispose of real estate; 5. Principal office address 5 Princess Pine Drive, City Lincoln, State RI, Zip 02865; 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Mathilda J. Wehbe, Contact Title Member; 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE; 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name ANDREW M. GILSTEIN, ESQ., Address 155 SOUTH MAIN STREET, City PROVIDENCE, Zip 02903.

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SECRETARY OF STATE
CORPORATIONS DIV
OCT 13 AM 11:40

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



FILED 299\*
File Date
Check No. OCT 13 2005
By: M-79804
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.

Mathilda Wehbe 10-12-05
Signature of Authorized Person Date
Mathilda Wehbe
Print or Type Name of Authorized Person