



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. 143433		2. Exact name of the limited liability company CUMBERLAND REAL ESTATE INVESTMENT ASSOCIATES LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT	
5. Principal office address 422 HIGH STREET		City CUMBERLAND	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANTONIO J ALBUQUERQUE		Contact Title MANAGER	
Street Address 46 HOWE ST		City CUMBERLAND	State RI
		Zip 02864	
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 ANTONIO J ALBUQUERQUE		Manager Name	
Street Address 46 HOWE ST		Street Address	
City CUMBERLAND	State RI	City	State
	Zip 02864		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 PAUL G BETTENCOURT ESQ		Address 349 WARREN AVENUE	
Address EG		City E. PROVIDENCE	Zip 02914

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

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SECRETARY OF STATE
CORPORATIONS DIV
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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.

Antonio J. Albuquerque
Signature of Authorized Person _____ Date _____
ANTONIO J ALBUQUERQUE
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 22 2006
By:	<i>Antonio J. Albuquerque</i>
FOR SECRETARY OF STATE USE ONLY	

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