



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. 144172		2. Exact name of the limited liability company Westminster Park LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, owning, operating, managing, leasing, selling, financing and refinancing real property.			
5. Principal office address 700 NARRAGANSETT PARK DRIVE/MARSHALL PROPERTIES		City PAWTUCKET	State RI	Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN L. MARSHALL, III		Contact Title MANAGER			
Street Address 700 NARRAGANSETT PARK DRIVE		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 JOHN L. MARSHALL, III		*Manager Name .			
Street Address 700 NARRAGANSETT PARK DRIVE		*Street Address .			
City PAWTUCKET	State RI	Zip 02861	*City .	*State .	*Zip .
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	*City	*State	*Zip
Agent Name CHARLES F. ROGERS, JR. ESQ.		Address 2800 FINANCIAL PLAZA			
Address EDWARDS & ANGELL, LLP		City PROVIDENCE		Zip 02903-	

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



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File Date 1/6/06

Check No. 1090 35

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.

John L. Marshall III 11/23/05
Signature of Authorized Person Date

JOHN L. MARSHALL, III, MANAGER
Print or Type Name of Authorized Person