



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. 120500		2. Exact name of the limited liability company RICHARDSON ENTERPRISES, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. Principal office address 75 BURNSIDE AVENUE		City NEWPORT	State RI	Zip 02840	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name MARTIN G. RICHARDSON		Contact Title MANAGER			
Street Address 75 BURNSIDE AVENUE		City NEWPORT	State RI	Zip 02840	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> 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 MARTIN G. RICHARDSON		• Manager Name			
Street Address 75 BURNSIDE AVENUE		• Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip
• Manager Name		• Manager Name			
• Street Address		• Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name K. JOSEPH SHEKARCHI, ESQ		Address			
Address 33 COLLEGE HILL ROAD		City WARWICK	Zip 02886		

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



1 2 0 5 0 0

File Date	8/11/05
Check No.	1224
By:	DA
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.

*Martin G. Richardson* Aug 9, 05  
Signature of Authorized Person Date  
MARTIN G. RICHARDSON  
Print or Type Name of Authorized Person