RI SOS Filing Number: 200702136830 Date: 11/05/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
128639	SDL Realty Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Realty

5. Principal office address	City	State	Zip
1898 Fall River Avenue	Seekonk	MA	02771

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Steven D Lyons	Operations Manager

Street Address	City	State	Zip
1898 Fall River Avenue	Seekonk	MA	02771

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Steven D Lyons Jr	
Street Address	Street Address
15 Simmons Street	
City / State / Zip: Rehoboth / MA / 02769	City / State / Zip:
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	Address
S. Dennis Lyons	55 Adams Point Rd.
Address	City / Zip: Barrington / 02806

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SECRETARY OF STATE
CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

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.

Steven D Lyons 11-5-07
Signature of Authorized Person *Date*

Steven D Lyons, Jr.
Print or Type Name of Authorized Person

[redacted]

File Date FILED 11:47
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By: By
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15422-5-187232

Form 632 Rev. 07/07