

Address

716 CENTRAL AVENUE

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR  $\_$ 

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

2005

401.222.3040

#### Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. ID No. 2. Exact name of the limited liability company 123001 Tavares Polo Realty, LLC 3 State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island REAL ESTATE. **RHODE ISLAND** 5. Principal office address State Zip716 Central Avenue Pawtucket 02861 RΙ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOHN A. TAVARES Manager Street Address : City State Zip 212 Cross Street Seekonk MA 02771 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) $\square$ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name JOHN A. TAVARES Street Address Street Address 212 Cross Street State Zip Seekonk MA 02771 Manager Name Street Address Street Address State Zip 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 JOSEPH A. LAMAGNA

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

PAWTUCKET



\*123001\*

File Date 12/13/05 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.

Zip

02861-

11/3/05

JOHN A. TAVARES, MANAGER

Print or Type Name of Authorized Person



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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2004

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)  $I = ID \setminus 0$ 2. Exact name of the limited liability company 123001 POLO REALTY, LLC State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE. **RHODE ISLAND** 5 Principal office address CitvState 716 Central Avenue Pawtucket RT 02861 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOHN A. TAVARES Manager Street Address State 212 Cross Street Seekonk MA 02771 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  $\square$ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name JOHN A. TAVARES Street Address 212 Cross Street Street Address Seekonk State City ZibMA 02771 Manager Name Manager Name Street Address Street Address State Zip CHrState Zip8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name JOSEPH A. LAMAGNA Address Zip716 CENTRAL AVENUE PAWTUCKET 02861-

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

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File Date 10/29/04
Check No
Bv:

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.

Symalure of Authorized Person

10/21/04 Date

JOHN A. TAVARES, MANAGER



# 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

2003 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_ Filing Period: September 1 - November 1 • Filing Fee: \$50.00 FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No POLO REALTY, LLC 123001 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE RHODE ISLAND City 5. Principal office address 02861 RI Pawtucket 716 Central Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name :MANAGER JOHN A. TAVARES State : Cttv Street Address 02771 MA Seekonk 212 Cross Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name **Vanager Name** JOHN A. TAVARES Street Address Street Address 212 Cross Street Zip State City Zib State City02771 MA Seekonk Manager Name Manager Name Street Address Street Address Ζip State City City 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name JOSEPH A. LAMAGNA Address 02861-**PAWTUCKET** 

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

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File Date	11/2/03
Check No	4976
Ву:	FOR SECRETARY OF STATE USE ONLY

716 CENTRAL AVENUE

Inder penalty of perjury. I declare and affirm that I have examined this report
ncluding any accompanying schedules and statements, and that all statements
contained herein are true and correct.

Signature of Authorized Person

\_\_\_\_\_

JOHN A. TAVARES, MANAGER

Print or Type Name of Authorized Person