



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. 123001		2. Exact name of the limited liability company Tavares Polo Realty, 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.	
5. Principal office address 716 Central Avenue		City Pawtucket	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN A. TAVARES		Contact Title Manager	
Street Address 212 Cross Street		City Seekonk	State MA
		Zip 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) <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 A. TAVARES		Manager Name	
Street Address 212 Cross Street		Street Address	
City Seekonk	State MA	City	State
Zip 02771		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 JOSEPH A. LAMAGNA		Address	
Address 716 CENTRAL AVENUE		City PAWTUCKET	Zip 02861-

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



123001

File Date	12/12/05
Check No.	6170
By:	B
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.

Signature of Authorized Person
Date **11/13/05**

JOHN A. TAVARES, MANAGER

Print or Type Name of Authorized Person



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Office of the Secretary of State
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123001		2. Exact name of the limited liability company POLO REALTY, 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.	
5. Principal office address 716 Central Avenue		City Pawtucket	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOHN A. TAVARES Contact Title Manager			
Street Address 212 Cross Street		City Seekonk	State MA
		Zip 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) <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 A. TAVARES		Manager Name	
Street Address 212 Cross Street		Street Address	
City Seekonk	State MA	City	State
Zip 02771		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 JOSEPH A. LAMAGNA		Address	
Address 716 CENTRAL AVENUE		City PAWTUCKET	Zip 02861-

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



* 1 2 3 0 0 1 *

File Date 10/29/04
Check No. 1302
By: W.

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.

Signature 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
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003
Filing Period: September 1 - November 1 • Filing Fee: \$50.00
FORM MUST BE TYPED OR PRINTED IN BLACK

1. ID No. 123001		2. Exact name of the limited liability company POLO REALTY, 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			
5. Principal office address 716 Central Avenue		City Pawtucket	State RI	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN A. TAVARES			Contact Title MANAGER		
Street Address 212 Cross Street		City Seekonk	State MA	Zip 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) <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 A. TAVARES			Manager Name		
Street Address 212 Cross Street			Street Address		
City Seekonk	State MA	Zip 02771	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 JOSEPH A. LAMAGNA			Address		
Address 716 CENTRAL AVENUE		City PAWTUCKET		Zip 02861-	

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



* 1 2 3 0 0 1 *

File Date	11/6/03
Check No.	4976
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.

[Signature] **11/6/03**
Signature of Authorized Person Date
JOHN A. TAVARES, MANAGER
Print or Type Name of Authorized Person