

## 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 YEAR2	005	_
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Filing Period: Septer (FORM MUST BE TYPED			0.00		
1. ID No.		mited liability company			
124801	RESOURCE REAL ESTATE SERVICES, LLC				
3. State of Formation	4. Brief desc	ription of the character of the h	usiness which is actually conducted	l in Rhode Island	
MARYLAND	TITLE IN	SURANCE AGENCY			
5. Principal office addres			City	No. 1000	
6. MAILING ADDRI	SOF LIMITED LI	ABILITY COMPANY AND	D NAME OR TITLE OF COL	NTACT PERSON:	101111
Contact Name			Contact Title		ompliance
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Street Address			City	State	Zip
300 Red	Brook &	STVD SHE	300: OW, ~65	5 MISTMD	10/1117
7. NAME AND ADD	RESS OF EACH MA	NAGER OF THE LIMITE	ED LIABILITY COMPANY, I	F APPLICABLE	
4.57	FILL IN	SPACES BEFORE USIN	G ATTACHMENTS ("X" E	BOX FOR ATTACHMENT) [] ENT, R.I.G.L. 7-16-12 (a) (2)	/ 7-16-52
	Y MODIFICATIONS	TO MANAGERS REQUI	<u>.</u>	E1(1, K.I.O.D. /-10-12 (E) (2)	, , 10 92
Manager Name	0	· -\ -	Manager Name		
Millar	3 5 Ki	sters adk			
Street Address	n 1	0-1-1	Street Address		
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Manager Namb			nanager same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	ļ				
8. RESIDENT AGEN	T IN RHODE ISLAN	ID - DO NOT ALTER - C		Form 642 · R.I.G.L. 7-16-11	
Agent Name			Address		
CT CORPORATION S	<u> </u>				
Address			City	Zip	
10 WEYBOSSET STREET			PROVIDENCE	029	03
	·				

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

	*124801*			
File Date	1/19/05	-		
Check No.	408[1			
Ву:	A)			
FOR S	ECRETARY 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, obtained herein are true and correct.

Spenamere of Authorized Person

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Print or Type Name of Authorized Person
Form 632 Rev. 7/0



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

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Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

## 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) 2. Exact name of the limited liability company I. ID No. Resource Title, LLC 124801 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TITLE INSURANCE AGENCY MARYLAND 5. Principal office address City 300 RED BROOK BOULEVARD, STE. 300 OWINGS MILLS MARYLAND 21117 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LAUREL H. BUCKMAN DIRECTOR OF LICENSING AND COMPLIANCE Street Address State 300 RED BROOK BOULEVARD, STE. 300 OWINGS MILLS 21117 MARYLAND 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 Manager Name MILLARD S. RUBENSTEIN Street Address Street Address 300 RED BROOK BOULEVARD, STE. 300 OWINGS MILLS Zip MARYLAND 21117 Manager Name Manager Name Street Address Street Address City State CitvState Ζip 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 CT CORPORATION SYSTEM Address Zip10 WEYBOSSET STREET **PROVIDENCE** 02903-

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



File Date 9904
Check No. 3 2 5 3 0
By:
FOR SECRETARY OF STATE USE ONLY

Un	der penalty of perjury, I declare and al	ffirm that I have examined this report	ŧ.
inc	luding any accompanying schedules a tained herein are true and correct.	ind statements, and that all statements	١.
cor	tained herein are true and correct.		
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Signature of Authorized Person

Date

Print or Type Name of Authorized Person



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Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

. <i>ID No.</i> 1 <b>24801</b>	2. Exact name of the limited Resource Title, LLC	NTED IN BLACK) ct name of the limited liability company esource Title, LLC			
State of Formation	i. Brief description	i. Brief description of the character of the business which is actually conducted in Rhode Island			
MARYLAND					
. Principal office addre	258		Cüy	State	Zip
			O NAME OF THE OF CONT	ACT DEDSON.	1
	ESS OF LIMITED LIABII	JITY COMPANY AN	D NAME OR TITLE OF CONTA	CI PERSON:	
ntact Name	Bushana		70x 2 x2.0	- of lices	5.00
reel Address	COCITO		City	State	Z.ip
	Brook BII	a Sa. 3	on owns n	vills   Morry	100 21117
NAME AND ADI	ORESS OF EACH MANAG	ER OF THE LIMITE	ED LIABILITY COMPANY, IF A	APPLICABLE	) <sup>*</sup> _
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A	NY MODIFICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMEN	T, R.I.G.L. 7-10-12 (a)	(2) / /-10-32
anager Name	0		Manager Name		
Millard S. Ruberstein					
reet Address			Street Address		
too Ked	BOOK Blud	05 stc 1	<u> </u>	Town.	Zip
<u>()</u>	State	Zip	City	State	$r = q^{r}$
NINGS !!	1/16/1/10/1/X	11117 (Ox	Manager Name		
ınager Name	<i>-</i>		nunuger same		
Street Address		Street Address	Street Address		
ity	State	Zip	City	State	Zip
				642 PLCI 716	11
	NT IN RHODE ISLAND -	DO NOT ALTER - 0	Changes require filing of Fo	rm 042 - R.I.G.L. /-10-	**
gent Name			Antoco		
CT CORPORATION	SYSTEM			·	
Address			City		
10 WEYBOSSET STREET			PROVIDENCE		UZ3UJ"

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

	* 1 2 4 8 0 1 *	1
File Date	. 9-18-03	
Check No	21874	
By:		
F	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury declare and affirm that I	have examined this t	eport
including any accompanying schedules and stateme	nts, and that all stater	nents
including any accompanying schedules and stateme contained herein are true indicorrect.		
	1 .	

Signature of Authorized Person

5. Ruberstein

Print or Type Name of Authorized Person