



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. 124801		2. Exact name of the limited liability company RESOURCE REAL ESTATE SERVICES, LLC	
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TITLE INSURANCE AGENCY	
5. Principal office address 300 Red Brook Blvd. Ste. 300		City Awings Mills	State MD
		Zip 21117	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Laurel Buckman		Contact Title Director of Licensing + Compliance	
Street Address 300 Red Brook Blvd. Ste. 300		City Awings Mills	State MD
		Zip 21117	
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 Millard S. Rubenstein		Manager Name	
Street Address 300 Red Brook Blvd Ste 300		Street Address	
City Awings Mills	State MD	City	State
Zip 21117		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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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



124801

File Date	9/19/05
Check No.	40871
By:	AJ
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.

Millard S. Rubenstein **9/16/05**
Signature of Authorized Person Date
Millard S. Rubenstein
Print or Type Name of Authorized Person
managing member



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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. 124801		2. Exact name of the limited liability company Resource Title, LLC			
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TITLE INSURANCE AGENCY			
5. Principal office address 300 RED BROOK BOULEVARD, STE. 300		City OWINGS MILLS		State MARYLAND	Zip 21117
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LAUREL H. BUCKMAN			Contact Title DIRECTOR OF LICENSING AND COMPLIANCE		
Street Address 300 RED BROOK BOULEVARD, STE. 300		City OWINGS MILLS		State MARYLAND	Zip 21117
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 MILLARD S. RUBENSTEIN			Manager Name		
Street Address 300 RED BROOK BOULEVARD, STE. 300			Street Address		
City OWINGS MILLS	State MARYLAND	Zip 21117	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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

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 *

File Date	9/9/04
Check No.	32530
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.

Signature of Authorized Person Date 9/3/04

Millard S. Rubenstein
Print or Type Name of Authorized Person



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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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 124801		2. Exact name of the limited liability company Resource Title, LLC	
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address		City	State Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Laurel Buckman		Contact Title Director of Licensing	
Street Address 300 Red Brook Blvd. Ste. 300		City Owings Mills	State Maryland Zip 21117
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 Millard S. Rubenstein		Manager Name	
Street Address 300 Red Brook Blvd. Ste 300		Street Address	
City Owings Mills	State Maryland	City	State Zip
Zip 21117			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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 *

File Date	9-18-03
Check No.	21874
By:	ac
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.

Millard S. Rubenstein
Signature of Authorized Person
Date **9/12/03**
Print or Type Name of Authorized Person