

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

Matthew A. Brown, Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

1. ID No. 104101 Bayline Realty, L.L.C. 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING AND MANAGING REAL ESTATE. 5. Principal office address 681 Park Ave, Steat City CRANSTON RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MARK Loffredo Contact Title MEMBER			
104101 Bayline Realty, L.L.C. 3. State of Formation RHODE ISLAND 4. Brief description of the character of the husiness which is actually conducted in Rhode Island HOLDING AND MANAGING REAL ESTATE. 5. Principal office address 6. I Park ave, Steat City CRANSTON RI 02910 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MARK Lo FEREDO MEMBER			
3. State of Formation RHODE ISLAND HOLDING AND MANAGING REAL ESTATE. 5. Principal office address 681 PARK AVE, STE 27 CRANSTON RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MARK LOFFREDO HE Discription of the character of the business which is actually conducted in Rhode Island City CRANSTON RI O2910 Contact Title MARK LOFFREDO			
RHODE ISLAND HOLDING AND MANAGING REAL ESTATE. 5. Principal office address 681 PARK AVE, STE 27 CRANSTON RI 02910 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MARK LOFFREDO MEMBER			
5. Principal office address 681 PARK AVE, STE27 CRANSTON RI 02910 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MARK Loffredo MERBER			
681 PARK AVE, STE 27 CRANSTON RI 02910 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MARK LO FFREDO MEMBER			
Contact Name Contact Title MARK LOFFREDO MEMBER			
MARK LOFFREDO MEMBER	-		
Street Address City State Zip CRAWSTON RI 02910			
681 PARK AUE. STE27 CRAWSTON RI 02910	ಭಕ್ಷಗಳಿಂದಲ		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE	计数据 类		
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)			
Manager Name Manager Name	Manager Name		
MARK LOFFREDO			
Street Address Street Address			
681 Prak AUE, STE 27			
City State Zip City State Zip			
CRANSTON PET 02910	,		
Manager Name Manager Name			
Street Address Street Address			
City State Zip City State Zip			
	ova dana		
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	·존대 설수		
Agent Name Address			
MARK F. LOFFREDO			
Address City Zip			
681 PARK AVENUE, SUITE 27 CRANSTON 02910-			

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

File Date	12/2/00	5 *104101*
Check No	ແກ່ງ	C 93691)
Ву:	Ýn	\(\)
	R SECRETARY OF ST	TATE USE ONLY

including any acco	perjury, I declare and at ompanying schedules at are true and correct.		
) (·	ر برا،	05
Signature of Author	ized Person	Date	
MARK	LOFFREDE	> I mambe	7Z

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

Corporations Dwy (100 North Main No Providence, RI 02003-13

nce, RE02003-E3 - 101.222.36

LIMITED LI Filing Period: Septem OFORM MUST BE TYPED	ıber 1 - November 1	• Filing Fee: \$50	JAL REPORT FOR	THE YEAR	_ 2009	
7 H) No	2 Exact name of the line	uted luthility company				
104101	Bayline Real	<u> </u>				
3 State of Formation	-i Brief descrif	otion of the character of the bu	siness which is actually conducted in RI	bode Islaml		
RHODE ISLAND	HOLDING	AND MANAGING REAL	ESTATE.			
5 Principal office address	AUE Suil	H 27	CRMISTON	State	02910	
-	•	BILITY COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:	·	
contact Name			Contact Title			
MARK L	FFREDO		MANAGETS			
681 PARK	. AUE, Such	127	CRANSTON	Nate 1	02916	
•	FILL IN S	SPACES BEFORE USING	D LIABILITY COMPANY, IF AP GATTACHMENTS ("X" BOX (RES FILING OF AMENDMENT,	FOR ATTACHMENT) 🗌	/ 7-16-52	
Manager Name			Mariager Name	Januager Name		
MARK LOFFREDO			•			
621 PARK AUZ, Suite 27			Street Address			
CRANSTON	State 7	02910	CH ₁	State	Zip	
Manager Name			Manager Name			
Mreet Address			Street Address			
C HV	State	Zψ	CH ₁	State	Zip	
	IN RHODE ISLAND) - DO NOT ALTER - CI	tanges require filing of Form	1 642 - R.I.G.L. 7-16-11	ı	
. Igent Name MARK F. LOFFREDO			Address			
INAINT F. LUFFREDU						
681 PARK AVENUE, SUITE 27			CRANSTON	02	910-	

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

	* 1 0 4 1 0 1 *	
File Date	9).OA (135	
By:FOR	SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that including any accompanying selectedes and statem	
contained hardingto true and rateout	1 6
	9/2/04
Signature of Authorized Person Da	te
MARK LOFFREDO	
Print or Type Name of Authorized Person	7, 10, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15



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 i01-222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

2003

Filing Period: Septem (FORM MUST BE TYPED	nber 1 - November 1 • OR PRINTED IN BLACK)	Filing Fee: \$50.00			
1. ID No. 104101	2 Exact name of the limited lie Bayline Realty, L.L				
3. State of Formation	 		which is actually conducted in Rhode i	Klund	
RHODE ISLAND	HOLDING AND	MANAGING REAL ESTA	TE.		
5 Principal office address 621 PARK AUE, Suite 27			CRMISTON	State	02910
6. MAILING ADDRES	SS OF LIMITED LIABILIT	Y COMPANY AND NAM	OR TITLE OF CONTACT PERSON: Contact Title MANAGET		
Street Address PARK	AUF, Suited	 1	MANAGER CRANSTON	State	02916
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				· —	
MARK LOFFREDO			Manager Name		
MARK LOFFREDO Street Address 621 PARK AUE, Suite 27			Street Address		
CRANSTON	State 7	02910	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
CHy	State -	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes of Agent Name MARK F. LOFFREDO			s require filing of Form 64. Address	2 - R.I.G.L. 7-1	6-11
Address 681 PARK AVENUE, SUITE 27			CRANSTON		Zip 02910-

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

	* 1 0 4 1 0 1 *
File Date	9.07.04
Check No	1035 11D
By:	R SECRETARY OF STATE USE ONLY

	Under penalty of perjury, I declare and affirm that I have e including any accompanying seperates and statements, and		
۲.	contained herein are true and correct.	a truit uir .,	
		-	
`		117	0
	Signature of Authorized Person Date		
	MARK LOFFREDO		
	Print or Type Name of Authorized Person		



Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

LIMITED LIABILITY COMPANY ANNUA	L REPORT FOR T	THE YEAR $\frac{2}{}$	002
Filing Period: September 1 - November 1 ● Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)			
1.10 No. 2. Exact name of the limited liability company RAYLINE REALTY	L.L.C.		
3. State of Formation 4. Brief description of the character of the busihes 1 - L DING AND M	· .	LAL ESTA	AK?
5. Principal office address	City	State	Zip
681 FARK AUE, STE 27	CRAUSTON	RI	05910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AN Contact Name	Contact Title	UNIACI PERSON:	
68+ MARK F. LOFFREDO	MGR.	State	17in
Street Address PARK AUE, STE 27	: Cranston	IST [61629
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMIT		Respondence of the control of the co	
FILL IN SPACES BEFORE USING ATTAI ANY MODIFICATIONS TO MANAGERS REQUIRES FI			
Manager Name	•Manager Name		(19 ₀ 9-1994) ett et il 1975, billekool (h _. 1974-11). T
MARK F. LOFFRADO			
Street Address	• Street Address		
681 PARK AVE, STE 27	•		
CRANSTON State 2ip 02910	*City	State	Zip
Manager Name	Manager Name		<i></i>
Street Address	Street Address		
Sireet Address	•		
City State Zip	:City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Change:	require filing of Form 6	42 - R.I.GL. 7-16-11	
Igent Name	Address		. 17
MARK F- WATERDO	1681 TARK	AUB, STE	2/
Address	City	Zip	
fg	CRIMSTON,	KI 02	910
This report must be signed in ink by an authorized person pursua	nt to 7-16-66.		
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	77 1 to 0 ± 7	1 .1 2 000 2.2	
•	Under penalty of perjury. I this report, including any ac		
	and that all statements cont		
1 · · · · · · · · · · · · · · · · · · ·		/	

Signature of Authorized Kerson

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335

LIM	ITED LIABILITY COMPANY			
Number 104101	Annual Report for the year 2001			
The name of the limited liability company	is: EALTY, L.L.C.			
The address of the principal office of the li	imited liability company is: STE 27 CRANSTON RT 02910			
The state or other jurisdiction under the law	ws of which it is formed is:			
The name and address of its resident ager	ntis: MARK F. LOFFREDO			
681 PARK AUD STE. 2	7, CRAUSTON, RI 02910			
	mited liability company and the name or title of a person to whom			
communications may be directed are: $\underline{\mathcal{M}}$	ARK F. LOFFREDO, 681 PARK AVE,			
STE. 27 CRANSTON	BI 05010			
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Lolping mo Managing Real ESTATE				
7. If the limited liability company has managers, list the name and address of each manager:				
Name	Address			
MARK F. LOFFREDO	GEL PARK AVE STE. 27, CAMISTON RI 029,			
FILED JUN 25 2002 By CKH	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. Pay Line Rew Lile Line			
	The name of the limited liability company BAYLING R The address of the principal office of the I OBI PARK AUE The state or other jurisdiction under the lateral than and address of its resident agent and address of the limited liability company be directed are: MARK AUE The current mailing address of the limited statement of the character of the state: Lolping mo V If the limited liability company has manage where Name MARK F. Loffredo JUN 25 2002 BW WOLLH			

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

	LIIV	ITED LIABILITY COMPANY			
ID	Number104101	Annual Report for the year 2000			
1.	The name of the limited liability company BAYLINE REALTY, L.L.C.	is:			
2.	The address of the principal office of the l				
3.	The state or other jurisdiction under the la	ws of which it is formed is: RHODE ISLAND			
4.	The name and address of its resident ager	nt is: MARK F. LOFFREDO			
	681 PARK AVENUE, SUITE 27,	CRANSTON, RI 02910			
	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 681 PARK AVENUE, SUITE 27, CRANSTON, RI 02919, c/o MARK F. LOFFREDO				
	state: HOLDING AND MANAGING REAL	business in which the limited liability company is actually engaged in this ESTATE rs, list the name and address of each manager:			
	Name				
	MARK F. LOFFREDO	Address 681 PARK AVENUE, SUITE 27, CRANSTON, RI 02910			
Date	FILED SEP 1 2000 Cutty 10 7 1 By U CD, 14 Sh C1 C1 422	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. BAYLINE REALTY, L.L.C. Exact Name of Limited Liability Company By Mitty GER			
	No. 632 By M. D. L. C. A. A. A. D. Z. A. C. B. C	Title			