



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. 104101		2. Exact name of the limited liability company 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, STE 27		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARK LOFFREDO		Contact Title MEMBER	
Street Address 681 PARK AVE. STE 27		City CRANSTON	State RI
		Zip 02910	
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 MARK LOFFREDO		Manager Name	
Street Address 681 Park Ave, STE 27		Street Address	
City CRANSTON	State RI	City	State
Zip 02910		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 MARK F. LOFFREDO		Address	
Address 681 PARK AVENUE, SUITE 27		City CRANSTON	Zip 02910-

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



File Date	12/5/05	*104101*
Check No.	1177	CR3607
By:	KML	
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 **12/1/05**
MARK LOFFREDO / **MEMBER**
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 Division
100 North Main Street
Providence, RI 02903-1411
401.222.3000

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. 104101		2. Exact name of the limited liability company 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, Suite 27		City CRANSTON	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARK LOFFREDO		Contact Title MANAGER			
Street Address 681 PARK AVE, Suite 27		City CRANSTON	State RI	Zip 02910	
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 MARK LOFFREDO		Manager Name			
Street Address 681 PARK AVE, Suite 27		Street Address			
City CRANSTON	State RI	Zip 02910	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 MARK F. LOFFREDO		Address			
Address 681 PARK AVENUE, SUITE 27		City 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	9-2-04
Check No.	035
By:	MLP
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 statement contained herein are true and correct.

Signature of Authorized Person Date **9/2/04**
MARK LOFFREDO
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 Division
100 North Main Street
Providence, RI 02903-1335
(601) 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. 104101		2. Exact name of the limited liability company 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, Suite 27		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARK LOFFREDO		Contact Title MANAGER	
Street Address 681 PARK AVE, Suite 27		City CRANSTON	State RI
		Zip 02910	
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 MARK LOFFREDO		Manager Name	
Street Address 681 PARK AVE, Suite 27		Street Address	
City CRANSTON	State RI	City	State
Zip 02910		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 MARK F. LOFFREDO		Address	
Address 681 PARK AVENUE, SUITE 27		City 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	9.03.04
Check No.	1035
By:	10P
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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104101	2. Exact name of the limited liability company RAYLINE REALTY, L.L.C.		
3. State of Formation R-I.	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, STE 27	City CRANSTON	State RI	Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name 681 MARK F. LOFFREDO Contact Title MGR.			
Street Address 681 Park Ave, Ste 27	City CRANSTON	State RI	Zip 02910
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 MARK F. LOFFREDO		• Manager Name	
Street Address 681 Park Ave, Ste 27		• Street Address	
City CRANSTON	State RI	Zip 02910	• City
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
State		Zip	• 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 MARK F. LOFFREDO		Address 681 Park Ave, Ste 27	
Address fg		City CRANSTON	Zip 02910

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

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

MARK F. LOFFREDO

Print or Type Name of Authorized Person

File Date	8/22/03
Check No.	1028
By:	DA
FOR SECRETARY OF STATE USE ONLY	

To be filed annually between
September 1 and November 1



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

ID Number 104101 Annual Report for the year 2001

1. The name of the limited liability company is:
BAYLINE REALTY, L.L.C.
2. The address of the principal office of the limited liability company is:
681 PARK AVE, STE 27, CRANSTON RI 02910
3. The state or other jurisdiction under the laws of which it is formed is: RI
4. The name and address of its resident agent is: MARK F. LOFFREDO
681 PARK AVE, STE. 27, CRANSTON, RI 02910
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: MARK F. LOFFREDO, 681 PARK AVE,
STE. 27, CRANSTON RI 02910
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: HOLDING AND MANAGING REAL ESTATE
7. If the limited liability company has managers, list the name and address of each manager:

Name	Address
MARK F. LOFFREDO	681 PARK AVE STE. 27, CRANSTON RI 02910

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.

Date: 6/25/02

BAYLINE REALTY LLC.
Exact Name of Limited Liability Company

By [Signature]
MANAGER
Title

Form No. 632
Revised: 01/99

FILED
JUN 25 2002
By SPCKH
128

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

ID Number 104101

Annual Report for the year 2000

1. The name of the limited liability company is:
BAYLINE REALTY, L.L.C.
2. The address of the principal office of the limited liability company is:
681 PARK AVENUE, SUITE 27, CRANSTON, RI 02910
3. The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND
4. The name and address of its resident agent is: MARK F. LOFFREDO
681 PARK AVENUE, SUITE 27, CRANSTON, RI 02910
5. 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 02910, c/o
MARK F. LOFFREDO
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: HOLDING AND MANAGING REAL ESTATE
7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

MARK F. LOFFREDO

681 PARK AVENUE, SUITE 27, CRANSTON, RI 02910

FILED

SEP 18 2000

By 104101

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.

Date: 9/17/2000

BAYLINE REALTY, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

Manager

Title