



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Div.
100 North Main St
Providence, RI 02903-1
401.222.3

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. 106701		2. Exact name of the limited liability company SCR Singh, 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 9, Middle Highway		City Barrington	State RJ
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name AMAR D Singh		Contact Title Managing Agent	
Street Address 9, Middle Highway		City Barrington	State RJ
		Zip 02806	
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 Rosy Singh		Manager Name AMAR Singh	
Street Address 9, Middle Highway		Street Address 9, Middle Highway	
City Barrington	State RJ	City Barrington	State RJ
Zip 02806		Zip 02806	
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 AMAR SINGH		Address	
Address 9 MIDDLE HIGHWAY		City BARRINGTON	Zip 02806

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



File Date 10/20/05 *106701*

Check No. 1552

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] 10/7/05
Signature of Authorized Person Date

Rosy Singh
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106701		2. Exact name of the limited liability company SCR Singh, 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 9 MIDDLE HIGHWAY		City BARRINGTON	State RI	Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name AMAR SINGH		Contact Title Manager			
Street Address 9 MIDDLE HIGHWAY		City BARRINGTON	State RI	Zip 02806-	
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 Amar Singh		*Manager Name			
Street Address 9 Middle Highway, Barrington, RI 02806		*Street Address			
City Barrington	State RI	Zip 02806	*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 AMAR SINGH		Address 9 MIDDLE HIGHWAY			
Address		City BARRINGTON	Zip 02806		

FILED

OCT 27 2004

By M. Y. S. D. KMC

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 27 4 14 PM '04

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



1 0 6 7 0 1

106701 DLLC 08/16/04 12:29:08 PM

File Date _____

Check No. _____

By: _____

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.

Amar Singh 10/10/04
Signature of Authorized Person Date
Amar Singh
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 Div
100 North Main S
Providence, RI 02903-1
401.222.5

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. 106701		2. Exact name of the limited liability company SCR Singh, 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 4, MIDDLE HWY, BARRINGTON		City PROVIDENCE	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MR. AMAR SINGH.		Zip 02806	
Street Address 9, MIDDLE HIGHWAY, BARRINGTON		City BARRINGTON	State RI
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		Zip 02806	
Manager Name AMAR D. SINGH.		Manager Name	
Street Address 9, MIDDLE HIGHWAY,		Street Address	
City BARRINGTON,	State RI	City	State
Zip 02806		City	State
Manager Name ROSY SINGH		Manager Name	
Street Address 9, Middle Highway		Street Address	
City Barrington	State RI	City	State
Zip 02806		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name AMAR SINGH		Address	
Address 9 MIDDLE HIGHWAY		City BARRINGTON	Zip 02806

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



* 1 0 6 7 0 1 *

File Date 9-16-03
Check No. 1325
By: RS
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.

Rosy Singh 9/15/03
Signature of Authorized Person Date
ROSY SINGH
Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1
401.222.31

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. 106701		2. Exact name of the limited liability company SCR Singh, 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 9 MIDDLE HIGHWAY		City BARRINGTON	State RI
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name AMAR D. SINGH		Contact Title MANAGING MEMBER	
Street Address 9 MIDDLE HIGHWAY		City BARRINGTON	State RI
		Zip 02806	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE (IF AN STATE SUPERVISOR IS APPOINTED, LIST NAME AND ADDRESS OF SUPERVISOR ATTACHED TO THIS REPORT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.G.L. 7-16-12 (a) (2) / 7-16-52)			
Manager Name AMAR D. SINGH		Manager Name ROSY SINGH	
Street Address 9 MIDDLE HIGHWAY		Street Address 9 MIDDLE HIGHWAY	
City BARRINGTON	State RI	City BARRINGTON	State RI
	Zip 02806		Zip 02806
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND, DO NOT ALTER, CHANGE, REQUIRE FILING OF FORM 642 (R.I.G.L. 7-16-11)			
Agent Name AMAR SINGH		Address	
Address 9 MIDDLE HIGHWAY		City BARRINGTON	Zip 02806

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



* 1 0 6 7 0 1 *

File Date: 9.27.02
Check No.: 12229
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] 9/29/02
Signature of Authorized Person Date

AMAR D. SINGH
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

LIMITED LIABILITY COMPANY

ID Number 106701

Annual Report for the year 2001

1. The name of the limited liability company is:

SCR Singh, LLC

2. The address of the principal office of the limited liability company is:

9 Middle Highway, Barrington, RI 02806

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: Amar Singh

9 Middle Highway, Barrington, RI 02806

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: 9 Middle Highway, Barrington, RI 02806

Amar Singh

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, list the name and address of each manager:

Name	Address
<u>Amar Singh</u>	<u>9 Middle Highway, Barrington, RI 02806</u>

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: 9/14/01

SCR Singh, LLC

Exact Name of Limited Liability Company

By [Signature]
Amar Singh

Operating Manager

Title

FILED
OCT 04 2001
By [Signature]
1101

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 106701

Annual Report for the year 2000

1. The name of the limited liability company is:

SCR Singh, LLC

2. The address of the principal office of the limited liability company is:

9 Middle Highway, Barrington, RI 02806

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: Amar Singh

9 Middle Highway, Barrington, RI 02806

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: 9 Middle Highway, Barrington, RI 02806

Amar Singh

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, list the name and address of each manager:

Name	Address
<u>Amar Singh</u>	<u>9 Middle Highway, Barrington, RI 02806</u>
<u>Rosy Singh</u>	<u>9 Middle Highway, Barrington, RI 02806</u>

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: 9/11/00

SCR Singh, LLC

Exact Name of Limited Liability Company

By [Signature]
Amar Singh

Operating Manager

Title

FILED

SEP 22 2000

QMD 1025