

JOHN G. REGO, ESQ.

**443 HOPE STREET** 

Address

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 401.222.3046

2005

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

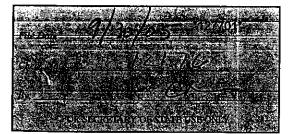
Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 127701 Orban & Constantino Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation . RENTAL PROPERTY MANAGEMENT AND OWNERSHIP. **RHODE ISLAND** 5. Principal office address City State 337 North Lane 02809 Bristol RI 6. MAILING ADDRESS OF LIMITED LIABILITY Contact Title Zsolt Orban Manager Street Address City State 337 North Lane Bristol RI 02809 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIBBLITY COMPANY, IF AP FILL IN SPACES BEFORE USING ATTACHMENTS ("X", BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.T.G.L. 21G-1.202 Manager Name Manager Name Zsolt Orban Street Address Street Address 337 North Lane City State City State Ζiρ RI 02809 Bristol Manager Name Manager Name Street Address Street Address City 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER : Changes cequire filing of Form 642 #RARGE

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

City

**BRISTOL** 





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.

 $Z_{i0}$ 

02809-

Signature of Authorized Person

Date

Zsolt Orban, Manager

Print or Type Name of Authorized Person

9/25/05



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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-133: 401.222.304(

LIMITED LI. Filing Period: Septen (FORM MUST BE TYPED	nber 1 -	November 1 •	NY ANNUAL 1 Filing Fee: \$50.00	REP	ORT FOR THE	YEAR	20	04			
1. ID No.											
127701	Orban	& Constantino Realty	Constantino Realty, LLC								
3. State of Formation				ch is acti	ially conducted in Rhode Island	d		· · · · · · · · · · · · · · · · · · ·			
RHODE ISLAND		RENTAL PROPERT	Y MANAGEMENT AND	OWNERSHIP.							
5. Principal office address				City		State	-	Zip			
`337 North La	ne				Bristol	RI		02809			
6. MAILING ADDRE Contact Name Zsolt Orban	SS OF L	IMITED LIABILITY (	COMPANY AND NAME	OR TITLE OF CONTACT PERSON:  Contact Title  Manager							
Street Address 337 North Lan	e			City	Bristol	State RI		<sup>Zip</sup> 02809			
and the second second	4	FILL IN SPACES	BEFORE USING ATTAC	HMEN' ING OI :	OMPANY, IF APPLICAB IS ("X" BOX FOR AT AMENDMENT, R.I.G.L or Name	TACHMENT)		-52			
Street Address				Street Address							
337 North Lane											
City Bristol		State RI	- x			State		Zip			
Manager Name					Manager Name						
Street Address					Street Address						
City		State Zip				State		Zip			
8. RESIDENT AGENT Agent Name JOHN G. REGO, ESQ.	IN RHO	DDE ISLAND - DO N	OT ALTER - Changes	require Address	e filing of Form 642 - 1	R.I.G.L. 7-1	6-11				
Address					City Zip						
443 HOPE STREET				BRISTOL 02809-							

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

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File Date	9/27/04
₹ Check No.	10991
By:	DA
1	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

9/17/04.

Zsolt Orban, Manager

Print or Type Name of Authorized Person



Manager Name

Street Address

Agent Name

Address

JOHN G. REGO, ESQ.

**443 HOPE STREET** 

ST. TE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State .

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Matthew A. Brown, Secretary of State

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

2003

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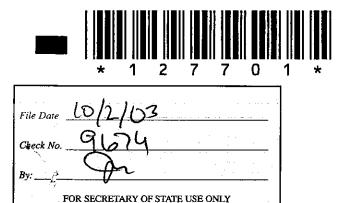
Filing Period: Septem	iber 1	November 1 •	Filing .	Fee: \$50.00						
(FORM MUST BE TYPED	OR PRINT	TED IN BLACK)		•						
1. ID No.	2. Exact	2. Exact name of the limited liability company								
127701	(	Orban & Constantino Realty, LLC								
3. State of Formation 4. Brief description of the character of the business which					cb is actually conducted in	Rhode Island	t .			
RHODE ISLAND		Rental prope	erty	management	and ownership					
5. Principal office address					City		State	Zip		
337 North Lane 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME					Bristol		RI	02809		
Contact Name	S OF L	MITED LIABILITY	LOMPA	INI AND NAME	Contact Title	CI PERS	ON:			
Zsolt Orban					Manager					
Street Address					City		State	Zip		
337 North Lane					Bristol		RI	02809		
7. NAME AND ADDR	ESS OF	EACH MANAGER O	F THE	LIMITED LIABI	LITY COMPANY, IF A	APPLICAB:	LE			
	· ·				HMENTS ("X" BOX					
ANY	MODII	FICATIONS TO MAN	AGERS	REQUIRES FIL	ING OF AMENDMENT	I, R.I.G.L.	7-16-12 (a) (2)	) / 7-16-52		
Manager Name					Minager Name					
Zsolt Orban					• • •					
Street Address 337 North Land	e				Street Address					
City Bristol		State RI	Ζip	02809	City		State	Zip		

Manager Name

Street Address

City BRISTOL

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



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Under penalty of perjury, I declare and af	ffirm that I have examined this repor	ı
including any accompanying schedules ar	nd statements, and that all statement	5
contained herein are true and correct.		
	a lul	
1 Sall NOW	3/14/2003	

State

Zsolt Orban, Manager
Print or Type Name of Authorized Person

Signature of Authorized Person