



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

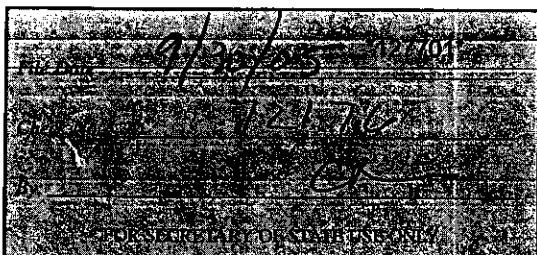
# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 127701		2. Exact name of the limited liability company Orban & Constantino Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY MANAGEMENT AND OWNERSHIP.			
5. Principal office address 337 North Lane		City Bristol	State RI	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Zsolt Orban		Contact Title Manager			
Street Address 337 North Lane		City Bristol	State RI	Zip 02809	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X-BOX FOR ATTACHMENTS) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (3) & (2) & 7-16-13					
Manager Name Zsolt Orban		Manager Name			
Street Address 337 North Lane		Street Address			
City Bristol	State RI	Zip 02809	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. 7-16-13					
Agent Name JOHN G. REGO, ESQ.		Address			
Address 443 HOPE STREET		City BRISTOL	Zip 02809-		

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

9/25/05  
Date

Zsolt Orban, Manager  
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 02903-1331  
401.222.3041

**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. <b>127701</b>		2. Exact name of the limited liability company <b>Orban &amp; Constantino Realty, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>RENTAL PROPERTY MANAGEMENT AND OWNERSHIP.</b>	
5. Principal office address <b>337 North Lane</b>		City <b>Bristol</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Zsolt Orban</b>		Contact Title <b>Manager</b>	Zip <b>02809</b>
Street Address <b>337 North Lane</b>		City <b>Bristol</b>	State <b>RI</b>
Zip <b>02809</b>			
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 <b>Zsolt Orban</b>		Manager Name	
Street Address <b>337 North Lane</b>		Street Address	
City <b>Bristol</b>	State <b>RI</b>	City	State
Zip <b>02809</b>		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 <b>JOHN G. REGO. ESQ.</b>		Address	
Address <b>443 HOPE STREET</b>		City <b>BRISTOL</b>	Zip <b>02809-</b>

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



\* 1 2 7 7 0 1 \*

File Date	<b>9/27/04</b>
Check No.	<b>10991</b>
By:	<b>DA</b>
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 **9/17/04**  
**Zsolt Orban, Manager**  
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>127701</b>		2. Exact name of the limited liability company <b>Orban &amp; Constantino Realty, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Rental property management and ownership</b>	
5. Principal office address <b>337 North Lane</b>		City <b>Bristol</b>	State <b>RI</b>
		Zip <b>02809</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Zsolt Orban</b>		Contact Title <b>Manager</b>	
Street Address <b>337 North Lane</b>		City <b>Bristol</b>	State <b>RI</b>
		Zip <b>02809</b>	
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 <b>Zsolt Orban</b>		Manager Name	
Street Address <b>337 North Lane</b>		Street Address	
City <b>Bristol</b>	State <b>RI</b>	City	State
Zip <b>02809</b>		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>JOHN G. REGO, ESQ.</b>		Address	
Address <b>443 HOPE STREET</b>		City <b>BRISTOL</b>	Zip <b>02809-</b>

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



\* 1 2 7 7 0 1 \*

File Date	<b>10/2/03</b>
Check No.	<b>9674</b>
By:	<b>[Signature]</b>
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]** **9/14/2003**  
Signature of Authorized Person Date  
**Zsolt Orban, Manager**  
Print or Type Name of Authorized Person