



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. 114403		2. Exact name of the limited liability company EMR REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real property	
5. Principal office address 2251 Mineral Spring Avenue		City North Providence	State RI
		Zip 02911-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Geoffrey D. Greene		Contact Title Member	
Street Address 2251 Mineral Spring Avenue		City North Providence	State RI
		Zip 02911-0000	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT IS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) (i)-(v)			
Manager Name Geoffrey D. Greene		* Manager Name .	
Street Address 2251 Mineral Spring Avenue		* Street Address .	
City North Providence	State RI	City 02911	State 02911
Manager Name		* Manager Name	
Street Address		* Street Address	
City	State	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 Geoffrey D. Greene		Address 2251 Mineral Spring Avenue	
Address		City North Providence	State RI
		Zip 02911	

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

FILED	
File Date	SEP 01 2005
Check No.	By 1087
By:	GM
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.

Geoffrey D. Greene September 6, 2005
Signature of Authorized Person Date
Geoffrey D. Greene
By:
Print or Type Name of Authorized Person
Member



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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)

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Manager Name Geoffrey D. Greene		• Manager Name .	
Street Address 2251 Mineral Spring Avenue		• Street Address .	
City North Providence	State RI	Zip 02911	• City .
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Geoffrey D. Greene		Address 2251 Mineral Spring Avenue	
Address .		City North Providence	State RI
		Zip 02911	

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

File Date	10/15/04
Check No.	1067
By:	W.
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.

Geoffrey D. Greene September 7, 2004
Signature of Authorized Person Date

Geoffrey D. Greene
Print or Type Name of Authorized Person

By:
Member



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)

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		Zip 02911-0000	
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Manager Name Geoffrey D. Greene		Manager Name .	
Street Address 2251 Mineral Spring Avenue		Street Address .	
City North Providence	State RI	City 02911	State 02911
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	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 Geoffrey D. Greene		Address 2251 Mineral Spring Avenue	
Address .		City North Providence	State RI
		Zip 02911	

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

Ex. No.	9-8-03
Check No.	1044
By:	2
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.

Geoffrey D. Greene September 2, 2003
Signature of Authorized Person Date
Geoffrey D. Greene Member
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 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

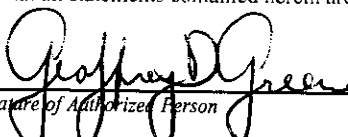
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114403		2. Exact name of the limited liability company EMR REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real property	
5. Principal office address 2251 Mineral Spring Avenue		City North Providence	State RI
		Zip 02911-0000	
Contact Name Geoffrey D. Greene		Contact Title Member	
Street Address 2251 Mineral Spring Avenue		City North Providence	State RI
		Zip 02911-0000	
Manager Name Geoffrey D. Greene		• Manager Name .	
Street Address 2251 Mineral Spring Avenue		• Street Address .	
City North Providence	State RI	Zip 02911	• City .
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
Agent Name Geoffrey D. Greene		Address 2251 Mineral Spring Avenue	
Address		City North Providence	State RI
		Zip 02911	

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

File Date	9-16-02
Check No.	1034
By:	KMC
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
Geoffrey D. Greene
Date
September 3, 2002
Member
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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY



ID Number DLLC 114403

Annual Report for the year 2001

1. The name of the limited liability company is:

EMR REALTY, LLC

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

2251 Mineral Spring Ave, No. Providence, RI 02911

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: GEOFFREY D. GREENE

2251 MINERAL SPRING AVENUE NORTH PROVIDENCE RI 02911-

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: Geoffrey D. Greene

2251 Mineral Spring Ave, No. Providence, RI 02911-1743

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ownership and development of real property

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

<i>Name</i>	<i>Address</i>
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Geoffrey D. Greene,

2251 Mineral Spring Ave

No. Providence, RI 02911-1743

Dated Sep 24, 2001



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.

EMR Realty, LLC

Exact Name of Limited Liability Company

By

Geoffrey D. Greene, Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-25-01</u>
Check No.:	<u>1000</u>
By:	<u>22</u>

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040 or from our web site at www.state.ri.us