

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 <u>2005</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 114403 **EMR REALTY, LLC** 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real property Rhode Island 5. Principal office address State Zip 2251 Mineral Spring Avenue North Providence RI 02911-0000 6: MAILING ADDRESS, OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PR Contact Name Contact Title Geoffrey D. Greene Member Street Address City State Zip 2251 Mineral Spring Avenue RI 02911-0000 North Providence NAMEZANDATORESS OF FACER MA anna ar ann a threach a leann an ann a . IF APPLIE STREET, STATE CONTROL OF STREET, STREE ODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 Manager Name • Manager Name Geoffrey D. Greene Street Address Street Address 2251 Mineral Spring Avenue City State Zip •Citv State Zip North Providence 02911 RI Manager Name Manager Name Street Address Street Address Ĉity State Zip City State Zip DO NOT ALTER- Changes require filing of Form 642 - R.I.G. 8. RESIDENT Address Geoffrey D. Greene 2251 Mineral Spring Avenue Address Zip North Providence 02911 RI

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

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File Date	SEP 0 1 2005
Check No.	By 108-)
By: FOR SECRETAR	Y OF STATE USE OF COMM

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 | Gooffrey D. Greene September 6, 2005

Date

By:

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

2004

114403			<u> </u>		· · · · · · · · · · · · · · · · · · ·
114403	1. ID No. 2. Exact name of the limited liabilty company EMR REALTY, LLC				
State of Formation	4. Brief descrip	tion of the character of the	e business which is actually conducted in Ri	hode Island	
Rhode Island ownership and development			•	1040 1014110	
Principal office addre	ess		City	State	Zip
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ontact Name Geoffrey D. Gree	ene		Contact Title Member		
reet Address		<u> </u>	City	State	7:-
2251 Mineral Spi	ring Avenue		· North Providence	RI	Zip 02911-0000
		ANAGER OF THE	LIMITED LIABILITY COMPAN	1	
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	ANY MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT. R.I.G.	L 7-16-12 (a)	(2) / 7-16-52
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Geoffrey D. Gree	ne		2251 Mineral Spring	Avenue	
Geoffrey D. Gree	ne		City	Avenue	Zip
Geoffrey D. Gree	ne			RI	^{Zip} 02911
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Geoffrey D. Gree	ne signed in ink by an	authorized person p	North Providence		1 *
Geoffrey D. Green		authorized person p	North Providence North Providence	RI	02911
s report must be s		authorized person p	North Providence North Providence	RI declare and a	offirm that I have examined schedules and statements.
s report must be s		authorized person p	North Providence wrsuant to 7-16-66. Under penalty of perjury, 1 this report, including any a	RI declare and a	affirm that I have examined schedules and statements, are true and correct.
Geoffrey D. Green		authorized person p	North Providence wrsuant to 7-16-66. Under penalty of perjury, 1 this report, including any a	RI declare and a accompanying tained herein	offirm that I have examined schedules and statements, are true and correct. September 7, 200

Member



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

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 200

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 1. ID No. 114403 EMR REALTY, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real property Rhode Island 5. Principal office address Zip2251 Mineral Spring Avenue North Providence RI D2911-0000 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Geoffrey D. Greene *Contact Title . Member City Street Address State 2251 Mineral Spring Avenue RI . North Providence 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name •Manager Name Geoffrey D. Greene Street Address Street Address 2251 Mineral Spring Avenue State Cin•Cin State Zin Zip North Providence 02911 RI

Manager Name

·Street Address

2251 Mineral Spring Avenue

North Providence

City

City

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

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

Zip

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FOR SECRET	FARY OF STATE USE ONLY

Manager Name

Street Address

Agent Name

A ddress

Geoffrey D. Greene

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Under penalty of perjury, I declare and affirm	that I have examined
this report, including any accompanying sche-	dules and statements,
and that all statements contained herein are tr	ue and correct.
Violing Greene	September 2, 200
· / (/) / (/)	70

State

RI

Geoffrey D. Greene

Date

Member

Zip

Zip

02911

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

2002

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) 1. ID No. 2. Exact name of the limited liabilty company 114403 **EMR REALTY, LLC** 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Rhode Island ownership and development of real property 5. Principal office address 2251 Mineral Spring Avenue North Providence RI 02911-0000 (Najekingen alter ainin (angerin) en ar englang kinada kinada (ingerakan) agent ារ ទេ ខាង ខែមិន មិន មាន Contact Name Contact Title Geoffrey D. Greene · Member Street Address City State 2251 Mineral Spring Avenue . North Providence RI 02911-0000 parkaring and and this production is a restrict and an intermediate the production of the production o ativa (od) aleano) katea (a) meraka (adoleta) sala te di a (tajo) (a) bi akea am braca dan sakis katea Manager Name ·Manager Name Geoffrey D. Greene Street Address Street Address 2251 Mineral Spring Avenue City State Zip ·City State Zip North Providence RI 02911 Manager Name Manager Name Street Address •Street Address State City Zip State domination of the Sarat Agent Name Geoffrey D. Greene 2251 Mineral Spring Avenue Address Zip North Providence RI 02911

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

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File Date O	
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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.

Signatar

September 3, 2002

Date

Geoffrey D. Greene 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



D	Number	DLLC	114403
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Annual Report for the year 2001

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1.	The name of the limited liability com	pany 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 I	NORTH PROVIDENCE RI 02911-			
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications			
		ffrey D. Greene			
	2251 Mineral Spri	ng Ave, No. Providence, RI 02911-1743			
6.		of the business in which the limited liability company is actually engaged in this velopment of real property			
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company Address			
	Geoffrey D. Greene,				
		No. Providence, RI 02911-1743			
Dat	ed 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			
	1 1 4 4 0 3	Exact Name of Limited Liability Company			
	FOR SECRETARY OF STATE USE ONLY	By_ frosting Defrence			
File I	, - , - ,	Geoffrey D. Greene Member			
Chec	k No.: 1020	Title			
Ву:	Ze	Form No. 632 Revised 01/99			