

## \* 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

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1. ID No	2. Exoci	name of the limited.	liabilty company	·	•		• •	• .
132604	Zwaci		ly Limited Liability (		· · · · · ·	,		
3. State of Formation		4. Brief description o	of the character of the bus	tiness which is actuali	ly conducted in a	Rhode Island	•	
RHODE ISLAND		Real Est	tate Holding C	ompany		•		
5. Principal office addre	ar ·			City		State	Zip	•
250 West 10:				Net	y York		1002	ا 5
	RESS O	F LIMITED LIA	BILITY COMPANY		R TITLE OF	CONTACT PERS	אַכ	
Contact Name	_1_			Contact Title				
John Zwad	CK			City		State	Zip	
250 West	103rd	3 Street			New York		1 '	025
7. NAME AND ADI	DRESS	OF EACH MAN	AGER OF THE LIN				LE TO THE	1.6.
			es before using a					
7 7 542-17- 217 2	ANY MO	DIFICATIONS TO	MANAGERS REQUIRE	فدهيها التدانيون		G.L.7-16-12 (a) (2) /, 7-	16-52	
Manager Name	Zwac		•	• Manager Nam	ie			
Sireei Address	DWGCI		· .	· Street Address	•		<del></del>	·
	Vest 1	l03rd Street		•		•		
City		State	Zip	City		State	Zip	-,
New York		NY	10025					
Manager Name	• :			*Manager Nam	e-			
Street Address		<del></del>	· · · · · · · · · · · · · · · · · · ·	·Street Address				
		_		• .				
City		State	Zip	City		State	Zip	
	استارون د					 	entering of the management	*1004pt 40513
8. RESIDENT AGEN Agent Name	LIÄKI	IODE IZLAND D	O NOT ALTER- Chan	ges require fil	ing of Forr	n 642 - R.I.G.L. 7-16-		
MICHAEL W. MIL	IFR F	SO		]	RO STREET		•	1
Address			· · ·	City	- DIRECT	Zip		
				NEWPORT		l ·	840-	•
·			· · · · · · · · · · · · · · · · · · ·		<del></del>	102	<u> </u>	
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This report must be	signed	in ink. by an au	thorized person pur	suant to 7-16-66	<b>5</b> .		15	
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		ALO OLIN OCH OCT		-			***	
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1	3 2	6 0 4		•	÷		•	-
						y, I declare and affirm		
·						ny accompanying sche contained herein are tr		nts,
*132604 DLLC 05	/09/ <del>0</del> 5	14:36:16 AM*		and that i	an statements (	contained never are in	ie and correct.	
File Date		A0E			4. J.	2 /	1.100	575
Check No. JUL	112	005	-	Signature	of Anthorized P	reson (A	Dole Dole	<u>/(1)</u>
CHECK HO. COL		71 11369	6	bu s		\	. للسّ	
<i>ву:</i> <b>Зу</b>	<del>X</del>	11 July .			MS 1 16	cento al	DEPENDE	2 faci
FOR SECRETARY OF	STATE	SE ONLY		Prin of	ype Name of Au	ingrized Person	Form 6	32 Rev 6/02



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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

	ED OR PRINTED IN BL.		<u></u>		<u> </u>	
1. ID No. 132604	2. Exact name of the lit Zwack Children F		bility Company			•
3. State of Formation	4. Brief descrip	4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND		Real Estate	Holding Company			
5. Principal office addr	233		City	State	Zip	
29. Bull St	reet		Newpo	rt RI	02840	
6. MAILING ADD	RESS OF LIMITED	LIABILITY COM	PANYAND NAME OR T Contact Title	ITLE OF CONTACT P	RSON	
Peter B. 2	Wack		. м	ember		
Street Address			City	State	Zip	
29 Bull St	reet	•	. Newpo	rt RI	02840	0
7. NAME AND AD	DRESS OF EACH M	PACES BEFORE, USI	FLIMITED LIABILITY NG ATTACHMENTS (X) QUIRES FLUNG OF AMENDA	COMPANY, IF APPLICATION OF THE STATE OF THE	ABLE AND A	
Manager Name			• Manager Name			
Peter	B. Zwack	• •	•			
Street Address 29 Bul	1 Street	,	• Street Address			
City Newport	State RI	Z:p 028	40	State	Zip	
Manager Name			Manager Name			• • • •
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u>.                                    </u>	•	<u> </u>		
8. RESIDENT AGEN	IT IN RHODE ISLAN	D -DO NOT ALTER-	Changes require filling	of Form 642 R.I.G.	विद्यानकी हिन्द	
MICHAEL W. MIL	LER, ESQ.		122 TOURO	STREET		
Address		<del></del>	City		Zip	
.•		·	NEWPORT		02840-	
·		· ,				

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



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*132604 DLI	LC 05/0 1995	11:36:16 A	M*
File Date	EUD.	Jan.	-+0 <u>1</u>
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B <sub>Y:</sub>	_ 24/	<del>S</del> Z. /	
FOR SECRETAR	RY OF STATE U	SE ONLY	

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

Form 632 Rev. 6/02