



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. 114004		2. Exact name of the limited liability company Heidilee Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION, OWNERSHIP, LEASE AND SALE OF REAL PROPERTY	
5. Principal office address 90 ELM STREET		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LEO G MOGAVERO		Contact Title MEMBER	
Street Address 90 ELM STREET		City PROVIDENCE	State RI
		Zip 02903-	
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 NONE		Manager Name NONE	
Street Address		Street Address	
City	State	Zip	City
Manager Name NONE		Manager Name NONE	
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 JOHN F. CORRIGAN, ESQ.		Address ONE CITIZENS PLAZA, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903-

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 05 SEP 26 PM 12:38

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



\*114004 DLLC 09/07/05 11:28:28 AM\*

File Date 9/26/05

Check No. 13372

By: JMG

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.

Leo G. Mogavero 9-20-05  
Signature of Authorized Person Date

**LEO G. MOGAVERO**  
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 2004**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114004	2. Exact name of the limited liability company Heidilee Realty, LLC
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3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION, OWNERSHIP, LEASE AND SALE OF REAL PROPERTY
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5. Principal office address 90 ELM STREET	City PROVIDENCE	State RI	Zip 02903-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LEO G MOGAVERO	Contact Title MEMBER		

Street Address 90 ELM STREET	City PROVIDENCE	State RI	Zip 02903-
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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			
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Manager Name NONE	• Manager Name NONE
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Street Address	• Street Address
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City	State	Zip	• City	State	Zip
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Manager Name NONE	• Manager Name NONE
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Street Address	• Street Address
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City	State	Zip	• City	State	Zip
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8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11	
Agent Name JOHN F. CORRIGAN, ESQ.	Address 2300 FINANCIAL PLAZA
Address ADLER POLLOCK & SHEEHAN PC	City PROVIDENCE
	Zip 02903-

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

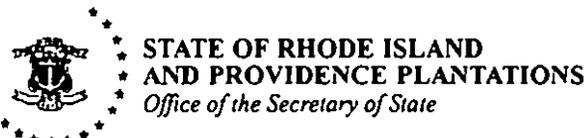


*114004 DLLC 09/09/04 01:38:54 PM*
File Date <u>9-27-04</u>
Check No. <u>12277</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

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] 9-27-04  
Signature of Authorized Person Date

**LEO G. MOGAVERO**  
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

**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. 114004	2. Exact name of the limited liability company Heidilee Realty, LLC
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3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION, OWNERSHIP, LEASE AND SALE OF REAL PROPERTY
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5. Principal office address 90 ELM STREET	City PROVIDENCE	State RI	Zip 02903
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**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

Contact Name LEE R MOGAVERO	Contact Title MEMBER
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Street Address 90 ELM STREET	City PROVIDENCE	State RI	Zip 02903
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**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 NONE	Manager Name NONE
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Manager Name NONE	Manager Name NONE
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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**8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name JOHN F. CORRIGAN, ESQ.	Address 2300 FINANCIAL PLAZA
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Address ADLER POLLOCK & SHEEHAN PC	City PROVIDENCE	Zip 02903-
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This report must be signed in ink by an authorized person pursuant to 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.

\*114004 DLLC 09/23/03 02:49:57 PM\*

File Date 10-1-03

Check No. 1027 CAL633

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 9.24.03  
Signature of Authorized Person Date

LEE R. MOGAVERO  
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. *114004*	2. Exact name of the limited liability company Heidilee Realty, LLC
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3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION, OWNERSHIP, LEASE AND SALE OF REAL PROPERTY
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5. Principal office address 9 PAQUIN ROAD	City BARRINGTON	State RI	Zip 02806-
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**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

Contact Name LEE R MOGAVERO	Contact Title MEMBER
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Street Address 9 PAQUIN ROAD	City BARRINGTON	State RI	Zip 02806-
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**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 NONE	• Manager Name • NONE
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Street Address	• Street Address
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City	State	Zip	• City	State	Zip
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Manager Name NONE	• Manager Name • NONE
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Street Address	• Street Address
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City	State	Zip	• City	State	Zip
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**8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name JOHN F. CORRIGAN, ESQ.	Address 2300 FINANCIAL PLAZA
--------------------------------------	---------------------------------

Address ADLER POLLOCK & SHEEHAN PC	City PROVIDENCE	Zip 02903-
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



**114004* 9/4/023:17:48 PM*
File Date <u>10-17-02</u>
Check No. <u>1016</u>
By: <u>LMF</u>
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.

Lee R. Mogavero 10-10-02  
Signature of Authorized Person Date

LEE R. MOGAVERO  
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 114004

Annual Report for the year 2001

1. The name of the limited liability company is:

Heidilee Realty, LLC

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

9 Paquin Road, Barrington, RI 02806

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: JAMES L. TRUSLOW, ESQ.

NADEAU & SIMMONS, P.C. 1250 TURKS HEAD BUILDING PROVIDENCE RI 02903-

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: Lee R. Mogavero, Member

9 Paquin Road, Barrington, RI 02806

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

7. If the limited liability company has managers, the name and address of each manager of the limited liability company <sup>other lawful purpose</sup>

N/A

Dated July 10, 2002

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.



Heidilee Realty, LLC

*Exact Name of Limited Liability Company*

By [Signature]

Lee R. Mogavero, Member

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>7/10/2002</u>
Check No.:	<u>1012</u>
By:	<u>[Signature]</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.