

## 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 TYPES							
I. ID No.		t name of the limited liability company					
81408	Belivea	u Realty LLC					
3. State of Formation	•	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND OWNING AND OPERATE REAL ESTA							
5. Principal office address	5			City	State		Zip
635 Potters Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA			COMPANY AND NAM	Providence	PERSON:	RI	02907
Contact Name				Contact Title			<del></del>
Leo Belive	<u>au</u>			Member			
Street Address				City	State		3/2
635 Potter:				Providence	A I	RI	<i>Σιρ</i> 02907
7. NAME AND ADD	RESS OF	EACH MANAGER	OF THE LIMITED LIA	BILITY COMPANY, IF APPLI	CARIB	<del>-</del> -	
		FILL IN SPACES	BEFORE USING ATTA	ACHMENTS ("X" BOX FOR ILING OF AMENDMENT, R.I Manager Name		7) [] (a) (2) / 7-1	6-52
Street Address				Sirect Address			
City	I	State	Zip	City	State		Zip
Manager Name	••••••	••••••••••••	.1	Manager Name			
Street Address				Street Address			<del></del>
		<u></u>			•		
City		State	Zip	City	State	_	Ζίρ
B. RESIDENT AGENT	ји вно	DE ISLAND, DO	NOT ALTER - Changes	require filing of Form 64	2 - R.I.G.L. 7-	16-11	
LEO BELIVEAU							
1ddress				City		7/2	
6 DELAINE STREET				WARWICK	Zip		
·						02886-0480	<u> </u>

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

File Date _	14540	*81408*
βy: FO	R SECRETARY OF STATE	USE ONLY

Under penalty of perjury. I declare and affirm that I including any accompanying schedules and statement contained herein are true and correct.	have examined this report. its, and that all statements.
Lio Belieauf	9/2/05
Signature of Authorized Person Date	
Lea 1 Bilivery Te	
Print or Type Name of Authorized Person .	



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporallons Daissa. 100 North Main Street Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_ Filing Period: September 1 - November 1 - Filing Fee: \$50.00

2004

(FORM MUST BE TYP.								
1. ID No. 81408	2. Exact name of the lim Beliveau Realty LL	2. Exact name of the limited liability company Beliveau Realty LLC						
3. State of Formation RHODE ISLAND	4. Brief descrip OWNING	ation of the character of the CAND OPERATE REAL E	husiness which is actually conducted in Rhode ESTATE.	· Island				
5. Principal office add	res		City	State	<del></del>			
635 Potters Avenue			l ´		Ζφ			
		BILITY COMPANY AN	Providence D NAME OR TITLE OF CONTACT F	RI	02907			
Contact Name			Contact Title	PERSON:				
Leo Beli	/eau		Member					
Street Address			Ciry	State				
635 Potte	ers Avenue		Providence		Zíp			
7. NAME AND AD	DRESS OF EACH MANA	ACED OF THE LIMIT	ED LIABILITY COMPANY, IF APPLI	RI	02907			
Manager Name			IRES FILING OF AMENDMENT, R.I.  Manager Name					
Street Address			Street Address					
	State	Zip	Sirect Address  City	State	.   Z/p			
City	State	Zíp		State	. Zip			
Street Address  City  Manuger Name  Street Address	State	Zíp	City	State	Z(p			
City Manuger Name	State	Zip	City  Manager Name  Street Address					
City  Manager Name  Street Address  City	State	Zip	City Manager Name	State	Z(p)			
City  Manuger Name  Street Address  City  3. RESIDENT AGE:	State	Zip	City  Manager Name  Street Address  City  Changes require filling of Form 64	State				

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

		8	

File Date	9/16/04
Check No.	13944
Ву:	DA
ı	OR 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.

Sanature of Authorized Person

9/7/04

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 101.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

LIMITED ]	LIABILITY CO	OMPANY ANN	UAL REPORT FOR T	HE VEAD	2003			
Filing Period: Sep	otember 1 - November	1 • Filing Fee: \$	50.00	ne ieak	2000			
(FORM MUST BE TYT	<u>PED OR PRINTED IN BLAC</u>	r)						
I. ID No	2. Exact name of the li	2. Exact name of the limited liability company						
81408	Beliveau Rea	Beliveau Realty LLC						
3 State of Formation	4. Brief descr	iption of the character of the	business which is actually conducted in Rhode	Island				
	l l			,sittiu				
RHODE ISLAND		ND OPERATE REAL E	STATE.					
5 Principal office add			Cliv	State	Zip			
	ers Avenue	•	Providence	RI	02907			
6. MAILING ADD	RESS OF LIMITED LIA	BILITY COMPANY AN	NO NAME OR TITLE OF CONTACT P	PERSON:	1 02307			
Contact Name			Contact Title					
<u>Leo Beli</u>	veau		Member					
Street Address			City	State	Zip			
635 Pott	ers Avenue		Providence	RI	02907			
7. NAME AND AD	DRESS OF EACH MAN	AGER OF THE LIMIT	ED LIABILITY COMPANY, IF APPLI	CADI C	102307			
	FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS - /"Y" BAY SAB	ATTACHAGNET C				
A	NY MODIFICATIONS	TO MANAGERS REQU	FIRES FILING OF AMENDMENT, R.I.	.G.L. 7-16-12 (a) (2) /	7-16-52			
Manager Name			Managor Namo	. , , , , ,				
Sirvet Address			Street Address		<u>-</u>			
•			Sect Matrica					
City	State	Zip						
		1	City	State	Zip			
Manager Name					. <b></b>			
			Manager Name					
Sinvi Address			Stines Add					
			Street Address					
City	State	Zip		<del></del>				
		1.4	City	State	Zip			
B. RESIDENT AGE	NT IN RHODE ISLANI	) - DO NOT ALTER . C	: Changes require filing of Form 64:	1				
Agent Name			Address	2 - R.I.G.L. 7-16-11				
.EO BELIVEAU			, rivercas					
Address		<del></del>						
DELAINE STREET			City	Zip				
DELAINE STREET			WARWICK	02886	-04807			

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

	* 8 1 4 0 8 *
File Date _	FILED
Check No	
Ву:	By 13387 GM
FO	R SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and aff including any accompanying schedules an contained herein are true and correct.	irm that I have examined this repord statements, and that all statements.
Leo Between	9/4/03
Signature of Authorized Person	Date
Leo Beliveau	
Print or Type Name of Authorized Person	



Edward S. Inman, 111, 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 TYPE	JD OX IX	BEACK,	<u>/</u>	_			
1. ID No. 81408	2. Exact Belives	eau Realty LLC					
3. State of Formation		4. Brief description	of the character of the bus	tiness which is actually conducted in Rh	ode Island		
RHODE ISLAND OWNING AND OPERATE REAL ESTAT				Έ.	1310112		
5. Principal office addre	:ss			City	State	Zip	
635 Potter				Providence	RI	02007	
6. MAILING ADDI	RESS O	F LIMITED LIA	BILITY COMPANY	AND NAME OR TITLE OF	CONTACT P	02907	
Comuci rume				Contact Title	CONTACT	ERSON:	
Leo Belive	eau			Member			
Street Address				City	State	Zip	
635 Potter				Providence	p	T   02907	
7. NAME AND ADD	RESS O	F EACH MANA	GER OF THE LIMI	TED LIABILITY COMPANY,	E APPEICA	D1 C	
		FILL IN SPACE	S BEFORE USING AT	TACHMENTS ("X" BOX FOR	IF AFFUJUA ATTACHMENT	-∏ -∏	
	ANY MO	DIFICATIONS TO	MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.G.L	. 7-16-12 (a) (2	~_ 1) / 7-16-52	
lanager Name				: Manager Name		7. 10-02	
Leo Belive	au						
ireet Address				* Street Address			
6 Delaine	Stree	≥t		•			
City		State State	Zip	*City	State	Zin	
Warwick			Zip 02886	•	State	Zip	
City Warwick		State		•	State	Zip	
City Warwick danager Name		State		*City *Manager Name	State	Zip	
City Warwick Manager Name  Street Address		State		*City	State	Zip	
City Warwick danager Name  Circel Address		State		*City *Manager Name	State		
City Warwick Manager Name Street Address		RI RI State	02886 Zip	City Manager Name Street Address City	State	Zip	
City Warwick Manager Name  Street Address  City  B. RESIDENT AGEN		RI RI State	02886 Zip	City Manager Name Street Address City	State	Zip	
City Warwick Manager Name  Street Address  City  B. RESIDENT AGEN  gent Name		RI RI State	02886 Zip	City Manager Name Street Address	State	Zip	
City Warwick Manager Name  Street Address  City  B. RESIDENT AGENT  gent Name		RI RI State	02886 Zip	City  Manager Name  Street Address  City  ges require filing of Form	State	Zip	
City Warwick Manager Name Street Address City B. RESIDENT AGENT Gent Name LEO BELIVEAU		RI RI State	02886 Zip	City  Manager Name  Street Address  City  Address	State	7-16-11 <sub>2</sub>	
City Warwick Manager Name  Street Address  City  B. RESIDENT AGEN		RI RI State	02886 Zip	City  Manager Name  Street Address  City  ges require filing of Form	State	Zip	

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



File Date	9-13.02
Check No.	12857
Ву:	a
FOR SECRETAI	RY 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

Leo Beliveau

Print or Type Name of Authorized Person

Filing 199: 350.00

#### To be filed annually between September 1 and November 1



ID Number DLLC 81408

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

Annual Report for the year 2001

report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

#### LIMITED LIABILITY COMPANY

1.	The name of the limited liability company is:
	Beliveau Realty LLC
2.	The address of the principal office of the limited liability company is:  104-106 MAWNEY ST PROV. R.I. 02907
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: Leo Beliveau
	6 DELAINE STREET WARWICK RI 02886-04807
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: Leo Beliveau, Partner
	6 Delaine Street, Warwick, RI 02886
<b>3</b> .	A brief statement of the character of the business in which the limited liability company is actually engaged in this
	state: Real Estate Rentals

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

Under penalty of perjury, I declare and affirm that I have examined this

Name

EL TOTAL HIGH DILLY DILLY IN	Beliveau Realty, LI
8 1 4 U 8	Exact Name of Limited Liability Compan
FOR SECRETARY OF STATE USE ONLY	By I have Bolice and
File Date: 10 - 1 - 0	

Check No.:

By:

Form No. 632 Revised 01/99 Filing Fee: \$50.00

Check No .:

By:

# To be filed annually between September 1 and November 1

Form No. 632

Revised 01/99



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 81408	Annual Report for the year 2000		
1.	The name of the limited liability company is:			
	Beliveau Realty LLC			
2.	. The address of the principal office of the limited liability company is:			
	635 Potters Avenue, Providence, RI 02907			
3.	. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND			
4.	l. The name and address of its resident agent is: <u>Leo Beliveau</u>			
	6 DELAINE STREET WARWICK RI 028	86-04807		
5.	The current mailing address of the limited	l liability company and the name or title of a person to whom communications		
	may be directed are:	Leo Beliveau, Partner		
		, Warwick, RI 02886		
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in this		
	state;	Real Estate Rentals		
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company  Address		
	Leo Beliveau	6 Delaine Street, Warwick, RI		
Da	nted	Under penalty of perjury, I declare and affirm that I have examined this		
81 (818) (181) 818K F8181 (81		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
	8 1 4 0 8	Beliveau Realty LLC  Exact Name of Limited Liability Company		
	FOR SECRETARY OF STATE USE ONLY	By Carselveur		
НL	Date: 4//8			

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 LL 81408	Annual Report for the year 1999		
1.	The name of the limited liability compan	ny is:		
	Beliveau Realty LLC			
2.	The address of the principal office of the	e limited liability company is:		
		ue, Providence, RI 02907		
3.				
4.				
	6 DELAINE STREET WARWICK, RIO			
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: Nancy Beliveau, Partner			
6.		Warwick, RI 02886  e business in which the limited liability company is actually engaged in this		
		ers, the name and address of each manager-of the limited liability company  Address		
-	Leo Beliveau	6 Delaine Street, Warwick, RI		
Dated	1 <u> 7-14-2000</u>	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.  Beliveau Realty LLC  Exect Name of Limited Liability Company		
FOR ile Dat heck N	7-17-00	By Jes Belwen		
y: 	MAF	Title Form No. 632 Revised 01/99		



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 LL 81408	Annual Report for the year 1998
1.	The name of the limited liability comp	any is:
	Beliveau Realty LLC	
2.	The address of the principal office of	the limited liability company is:
	635 Potters Ave., I	Providence, RI 02907
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: NANCY A. BELIVEAU		
	6 DELAINE STREET WARWICK, F	1 02886
5.	The current mailing address of th	e limited liability company and the name or title of a person to whom
	communications may be directed are:	Nancy Beliveau, Partner
		Warwick. RI 02886
6.		the business in which the limited liability company is actually engaged in this
		Real Estate Rentals
7.		nagers. the name and address of each manager of the limited liability company  Address
	Leo Beliveau	6 Delaine St., Warwick, RI
Date	8 et _ 1 - 14 - 0 be	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.
100	* 8 1 4 0 8 *	Beliveau Realty LLC Exact Name of Limited Liability Company
	OR SECRETARY OF STATE USE ONLY Date: 10.15.6/8	$\mathcal{D}_{0}$
heci	k No.: 10746	By fish Solivered 1
y:	( <i>P</i>	Title
		Form No. 11 C-19

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

#### LIMITED LIABILITY COMPANY

		INITIED EIADIEIT I GOINT AITT	
ID	Number 0081408	Annual Report for the year	1997
1.	The name of the limited liability compar	ny is:	
	Beliveau Realty LLC		
2.	The address of the principal office of the	e limited liability company is:  Oue Prov. R. I 02907	
3.	The state or other jurisdiction under the	laws of which it is formed is:	land
4. The name and address of its resident agent is: March & Bellinskin			
4.	6 Delaine	It. Damech, P.I 02880	(a
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:	Q. A. 02907	Belive
6.	A brief statement of the character of t	he business in which the limited liability company is actually	y engaged in thi
7.	If the limited liability company has m	nanagers, the name and address of each manager of th	e limited liabilit
	company Name	Address	
Da	ated <u>aug 27</u> , 1997	Under penalty of perjury, I declare and affirm that I ha report, including any accompanying schedules and that all statements contained herein are true and correct	statements, an
	PAID	Gelwenn Kealty L	LC
	SECY (10) 10181	Exact Name of Limited Liability Company  By Many W Beleveau	
		Deets	
Fο	rm No. LLC-19	Tells	

Form No. LLC-1 Revised 8/97 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 **Corporation Division** 100 North Main Street Providence, RI 02903-1335

# LIMITED LIABILITY COMPANY

LLC LD # 81408

220 1.0.# 0	1400			Annual R	leport for the year 1996
FIRST:	The name of the limited liability co	ompany is: Beliveau R	lealty LLC		
SECOND:	The address of the principal office	of the limited liability of	company is:		
	635 Potters Ave., P		02907		
THIRD:	The state or other jurisdiction und	der the laws of which it	is formed is: R	hode Island	
FOURTH:	The name and address of its resi	WebU J	-2		
	CDS/ RIVINGE	WARW	16/6	(c -+-	0フをとし
FIFTH:	The current mailing address of communications may be directed Nancy Beliveau, Page	rare: / // // ,		e name or title	
	6 Delaine StWarw	ick, RI 02886			***************************************
SIXTH:	A brief statement of the characte	r of the business in wh	nich the corpora	tion is actually e	
Dated. <b> 2</b>	//3 ,19.96	Beliveau			
· · · · · · · · · · · · · · · · · · ·		1	xact Name of U	mited Liability Cor	
File Date: _	a/24	Rane	JK W	Chnean	R. A.
Check No: _	9728	·By K Lew C	belu	end	***************************************
By:	KU	*To be	signed in the m	anner requiréd by	the home state.
For Secre	etary of State Use Only	Title Part	tner \$	********************	•••••

FORM LLC-19 7/95

# State of Rhode Island and Providence Plantations

Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

L	IMITED LIABILITY COMPANY
LLC I.D. # 00814 <b>0</b> 8	Annual Report for the year
FIRST: The name of the limited liabi	
SECOND: The address of the principal	•
THIRD: The state or other jurisdiction	n under the laws of which it is formed is:
FOURTH: The name and address of it have been been been been been been been be	resident agent is: Seleveau une St Warmel, R.I. 02886
FIFTH: The current mailing address communications may be directly as a second s	of the limited liability company and the name or title of a person to whom
	racter of the business in which the corporation is actually engaged in this  Lealestato
Dated Act 31 19 95	Beliver Bealty LLC Exact Name of Limited Liability Company
NOV 27 1995 SECY OF STA	*By Rangell. Deliver

FORM LLC-19 7/95

<sup>\*</sup>To be signed in the manner required by the home state.