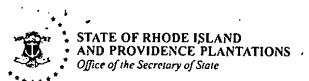


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company *101408* MIKE AND NESTOR REAL ESTATE COMPANY, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RHODE ISLAND 5. Principal office address State City Zip 606 RESERVOIR AVENUE CRANSTON RΙ 02910 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MICHAEL **GIOURAS** MEMBER Street Address City State 606 RESERVOIR AVENUE . CRANSTON RI 02910-7. NAME: AND ADDRESS OF FACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOXTORATTACHMENT) - - 0 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-18-12 (a) (2) / 7-16-52 Munager Name ·Manager Name Street Address Street Address City State Zip *City State Zip Manager Name Manager Name Street Address ·Street Address City State City ZIp State 8_RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filling of Form 642 - R.I.GL. 7-16-11 igent Name MARK E. LIBERATI, ESQ. 1536 WESTMINSTER STREET Address Zip PROVIDENCE 02909 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, *101408 DLLC10/7/024/27:00 PM* and that all statements contained herein are true and correct. File Date Check No. Michael Giouras, Member Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



Edward S. Innian, 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 2004

Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company *101408* MIKE AND NESTOR REAL ESTATE COMPANY, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RHODE ISLAND 5. Principal office address City State Zip 606 RESERVOIR AVENUE CRANSTON RI 02910 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MICHAEL **GIOURAS** .MEMBER Street Address City State 606 RESERVOIR AVENUE . CRANSTON RI 02910-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address Cirv State *City State Zip Manager Nume *Manager Name Street Address Sireet Address City State .Cin 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 Address MARK E. LIBERATI, ESQ. 1536 WESTMINSTER STREET Address City Zip PROVIDENCE 02909 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. *101408 DLLC10/7/024:27:00 PM* Michael Giouras, Member Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



* 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 2003

| Filing Period: Septe | ember 1 - November 1 ED OR PRINTED IN BLA | Filing Fee: \$5 | 50.00 | OK THE TE | AR |
|------------------------------|--|----------------------------|--|--|-------------------|
| 1. ID No. *101408* | 2. Exact name of the lim | | COMPANY, LLC | - | |
| 3. State of Formation | 4. Brief descrip | ion of the character of th | e business which is actually conducted | d in Rhode Island | |
| RHODE ISLAND | REAL ESTA | re | | | |
| 5. Principal office addre | | - | City | State | Zip |
| 606 RESERVOIR | | | CRANSTON | RI | 02910 |
| Contact Name | CESS OF MMITED | LIABILITY COMPA | ANY AND NAME OR TITLE Contact Title | OF CONTACT PE | RSON: |
| MICHAEL GIOUR | RAS | | .MEMBER | | |
| Street Address 606 RESERVOIR | | | City CRANSTON | State RI | Zip 02910- |
| | CALCALITACIO SE | ACES BEFORE: USING | LIMITED LIABILITY COM LATTACHMENTS (X" BOX) URES FILING OF AMENDMENT! | FOR ATTACUACION [| ABLE |
| Manager Name | | | · Manager Name | | |
| Street Address | | | · Sireei Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Sirees Address | | ···· | Sirces Address | <u> </u> | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGEN | LIN RHODE ISLAND | DONOTALTER! CH | anges require filing of F | 0.00 642 ELCISS | |
| 3 | | | Address | 01111 0423 K.I.Q.E.: /- | 16-11 |
| MARK E. LIBERAT | ri, Esq. | | 1536 WESTMINST | ER STREET | |
| nuaress | | | City | Zí | р |
| | | <u></u> | PROVIDENCE | | 2909 |
| his report must be s | signed in ink by an | authorized person p | oursuant to 7-16-66. | | |
| *101408 DLLC10/7 | 1 0 1 4 0 8 7/024:27:00 PM* /3 - \(\) 3 | · - | this report, including | rjury, I declare and affir g any accompanying sel its contained herein are | true and correct. |
| Check No | 2 | - | Signature of Authorize | Verson | Date |
| B <u>v:</u> | | - | Michael Gio | uras, Membe | r |
| FOR SECRETARY OF ST | ATE USE ONLY | | Print or Type Name of | AUTROFIZED 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

| IIKE AND NESTO | R REAL ESTATE | | | |
|-------------------------------------|---------------------------|---|---|---|
| 4. Brief description | | No. 2. Exact name of the limited liabilty company MIKE AND NESTOR REAL ESTATE COMPANY, LLC | | |
| | n of the character of the | e business which is actually conducted | in Rhode Island | |
| | • | | | |
| VENUE | | City CRANSTON | State RI | <i>Zip</i> 02910 |
| S OF LIMITED L | IABILITY COMP | ANY AND NAME OR TITLE | OF CONTACT P | ERSON: |
| 5 | | Contact Title .MEMBER | | |
| Street Address 606 RESERVOIR AVENUE | | | State RI | <i>Zip</i> 02910- |
| FILL IN SPA | CES BEFORE, USING | G ATTACHMENTS ("X" BOX F | FOR ATTACHMENT | |
| Y MODIFICATIONS T | O MANAGERS REQL | | R.I.G.L 7-16-12 (a) (2 |) / 7-16-52 |
| | | •Manager Name • | | |
| | | · Street Address | | |
| State | Zip | City | State | Zip |
| J | | Manager Name | | |
| | | Sircet Address | - | |
| State | Zip | City | State | Zip |
| N RHODE ISLAND | -DO NOT ALTER- CL | nangas ramuka fillam ad f | | |
| | DO NOT ALTERS CI | Address | orm 642 - K.I.G.L. | 7-16-11 |
| ESQ. | | 1536 WESTMINST | ER STREET | |
| | | City | | Zip |
| | <u> </u> | PROVIDENCE | | 02909 |
| | State State | State Zip State Zip State Zip | ENUE City CRANSTON ESS OF EACH MANAGER OF THE LIMITED LIABILITY COM FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX) IY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. I Manager Name Street Address State Zip City Name Name Address Street Address Street Address Street Address 1536 WESTMINST City City City | ENUE City CRANSTON RI ESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLIE FILL IN SPACES BEFORE USING ATTACHMENTS IY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2 Manager Name Street Address Street Address City State Zip City State Name Address NRHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. Address 1536 WESTMINSTER STREET City |

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 10 | 1408 | |
|------------------|------|--|
|------------------|------|--|

| ID | Number DLLC 101408 | Annual Report for the year 2001 | |
|--------|--|--|--|
| 1. | The name of the limited liability com | pany is: | |
| | MIKE & BRANKO REAL ESTATE C | OMPANY, LLC | |
| 2. | The address of the principal office o | f the limited liability company is: | |
| | 606 Reservoir Avenue | e, Cranston, RI 02910 | |
| 3. | The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND | | |
| 4. | The name and address of its resider | nt agent is: MARK E. LIBERATI, ESQ. | |
| | 1536 WESTMINSTER STREET PR | ROVIDENCE RI 02909 | |
| 5. | The current mailing address of the li | mited liability company and the name or title of a person to whom communications | |
| | may be directed are: <u>Michael G</u> | Giouras, 606 Reservoir Avenue, Cranston, RI 02910 | |
| 7. | state:real estate | of the business in which the limited liability company is actually engaged in this anagers, the name and address of each manager of the limited liability company Address | |
| File I | ed 8 31 01 1 0 1 4 0 8 FOR SECRETARY OF STATE USE ONLY Date: 9-4-0 / | 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. MIKE & BRANKO REAL ESTATE COMPANY, LLC Exact Name of Limited Liability Company Michael Giouras Member Member Form No. 632 | |
| Ву: | Ž. | Form No. 632 Revised 01/99 | |

DETACH BOTTOM BEFORE RETURNING

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 101408

By:

Annual Report for the year 2000

| 1. | The name of the limited liability company is | s: |
|--|--|--|
| | MIKE & BRANKO REAL ESTATE COMPA | NY, LLC |
| 2. | The address of the principal office of the iii | mited liability company is: |
| | 606 Reservoir Aven | ue, Cranston, RI 02910 . |
| 3. | The state or other jurisdiction under the law | ws of which it is formed is RHODE ISLAND |
| 4. The name and address of its resident agent is: MARK E. LIBERATI, ESQ. | | |
| | 1536 WESTMINSTER STREET PROVIDE | ENCE RI 02909 |
| 5. | The current mailing address of the limited | liability company and the name or title of a person to whom communications |
| | | ras, 606 Reservoir Avenue, Cranston, RI 02910 |
| 6. 7. | state: real estate | 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 |
| Da | tedSept. 2,2000 | 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. |
| | 1 0 1 4 0 8 | MIKE & BRANKO REAL ESTATE COMPANY, LLC Exact Name of Limited Liability Company |
| | FOR SECRETARY OF STATE USE ONLY Date: SEP 1 2000 | By Michael Giouras |
| Che | ck No.: SEC'Y OF STATE | Member Tide |
| | | Form No. 632 |

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 <u>LL 101408</u> | Annual Report for the year 1999 | | |
|------|---|--|--|--|
| 1. | The name of the limited liability comp | pany is: | | |
| | MIKE & BRANKO REAL ESTATE CO | OMPANY, LLC | | |
| 2. | The address of the principal office of | the limited liability company is: | | |
| | 606 Re | servoir Avenue, Cranston, RI 02910 | | |
| 3. | The state or other jurisdiction under t | te or other jurisdiction under the laws of which it is formed is RHODE ISLAND | | |
| 4. | The name and address of its residen | t agent is: MARK E. LIBERATI, ESQ. | | |
| | 1536 WESTMINSTER STREET PR | OVIDENCE, RI 02909 | | |
| 5. | The current mailing address of the lin | nited liability company and the name or title of a person to whom communications | | |
| | may be directed are: Michae | 1 Giouras, Member | | |
| | 606 Re | servoir Avenue, Cranston, RI 02910 | | |
| 6. | A brief statement of the character o | f the business in which the limited liability company is actually engaged in this | | |
| | state: real e | | | |
| 7. | If the limited liability company has ma Name | nagers, the name and address of each manager of the limited liability company Address | | |
| | | | | |
| | | <u> </u> | | |
| Dat | ed <u>Sept 6, 1999</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. | | |
| | * 1 0 1 4 0 8 * | MIKE & BRANKO REAL ESTATE COMPANY, LLC Exact Name of Limited Liability Company | | |
| | | 2 1 | | |
| | FOR SECRETARY OF STATE USE ONLY Date: 9-10-99 | By Michael Giouras | | |
| Chec | k No.: 1345 | Member President | | |
| 3y: | AMF | Form No. 632 Revised 01/99 | | |