

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

FORM MUST BE TY			•	v •				
1. ID No.		name of the limite				<u>-</u>		
114008	zv	VIENER REA						
3. State of Formation	•	4. Brief description	of the character of the b	usiness which is actually conducted in I	Rhode Island			
Rhode Island		to own, dev	elop, lease, sell and	otherwise deal in real estate				
5. Principal office add	lress .			City	State		Zip	
81 Church Str	eet			East Greenwich	RI		02818-0000	
6. MAILING ADI	RESS O	F LIMITED LI	ABILITY COMPAN	YAND NAME OR TITLE OF	CONTACT	PERSON:		
Contact Name				Contact Title				
Norbert J. Zw	iener			· Member				
Street Address				City	State		Zip	
81 Church Str	eet			 East Greenwich 	RI		02818-0000	
	ANY MO		CES BEFORE USING A D MANAGERS REQUIR	RES FILING OF AMENDMENT. R.I.O		. —		
Manager Name				• Manager Name				
Norbert J. Zwi	ener			George Zwiener				
Street Address				Street Address				
81 Church Str	eet			. 36 Sunset Avenue				
City	<u> </u>	State	Zip	City	State		Zip	
E.Greenwich		RI	02818	Saunderstown	. RI		02874	
Manager Name				*Manager Name				
Street Address				· Sireet Address				
City		State	Zip	City	State		Zip	
8. RESIDENT AGI	NT IN RI	HODE ISLAND	-DO NOT ALTER- Cha	anges require filing of Form	n 642 - R.J.G	L7-16-11		
Agent Name			· · · · · · · · · · · · · · · · · · ·	Address				
Norbert J. Zw	iener			81 Church Street				
				City				
Address				1				
Address				East Greenwich	RI	02818		

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

File Date	9/14/05	
Check No.	10/0	
B <u>y:</u>) 2 Pi	
FOR SECT	ETARY 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 captained herein are true and correct.

Signature of Authorized Person
Norbert J Zwiener

September 6, 2005

By: / O KISC | 1 LW/CN

rini or Type Name of Authopized Person Member

Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fec: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 1. ID No. ZWIENER REALTY, LLC 114008 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation to own, develop, lease, sell and otherwise deal in real estate Rhode Island Sale 5. Principal office address 02818-0000 East Greenwich RI 81 Church Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Member Norbert J. Zwiener State Street Address 02818-0000 RI East Greenwich 81 Church Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT) FTLL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (Z) / 7-16-52 · Manager Name Manager Name George Zwiener Norbert J. Zwiener · Street Address Street Address 36 Sunset Avenue 81 Church Street State Zip State Cirv Saunderstown RI 02874 02818 E.Greenwich RI Manager Name Manager Name ·Street Address Street Address State State 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 81 Church Street Norbert J. Zwiener ZpAddress 02818 East Greenwich RI

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

File Date	9/30/04
Check No.	8063
Β <u>γ:</u>	DA
FOR SECRE	TARY 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.

September 7, 2004

Date

Norbert J. Zwiener

Print or Type Name of Authorized Person By:

Member

Form 632 Rev. 6/02



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 _

2003

Filing Period: Septem (FORM MUST BE TYPED (Filing Fee: \$50.00					
1. ID No.	2. Exact name of the limited i	iability company	_	-			
114008	ZWIENER REALT	r, llc					
3. State of Formation	4. Brief description	of the character of the business	which is actually condi	ucted in Rhode Islan	d		
RHODE ISLAND	TO OWN, DEV	ELOP, LEASE AND OTHE	RWISE DEAL IN R	EAL ESTATE			
5. Principal office address 81 Churc	h Street		East Gre	- wich	State R1		7.1p 02818
6. MAILING ADDRES	S OF LIMITED LIABILI	TY COMPANY AND NA		CONTACT PERS	SON:		•
Contact Name Norbert	Zwiener		Contact Title	dent			
Street Address	_		City	reenwich	State		Z(p
81 Churc	·h 5+.		£05+9	reenwich	R/		02818
7. NAME AND ADDR		R OF THE LIMITED LIA				. —	
ANY		CES BEFORE USING ATT MANAGERS REQUIRES					-52
Manager Name			Manager Nante				•
Norbert	J. Zwiener	•					
Street Address	_		Street Address		_	-	
81 Chun	ch 5t.						
E. Greenwich	J. Zwienen ch St. saic R/	2ip 02818	Clly	/	State		<i>7.</i> φ
Manager Name	•••••••••	•••••••••••	Manager Name	••••			
							
Sired Address			Street Address				
City	State	Zip	City		State		Zip
8. RESIDENT AGENT	I I IN RHODE ISLAND - I	I . DO NOT ALTER - Chang	: es require filing	of Form 642 -	R.I.G.L. 7-1	6-11	1
Agent Name			Address				
NORBERT ZWIENER							
Address			City	_		Z(p	
81 CHURCH STREET			EAST GREEN	i WiCH		02818-	
		· -	•			•	

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

	* 1 1 4 0 0 8 *
File Date _	10-15-03
Check No	6429
_	a. I

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 of Authorized Person Date

Norbert Zwiener 700.

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

(FORM MUSTBE TYPED					
					
114008	Exact name of the limited ZWIENER REA				
3. State of Formation			business which is actually conducted in	Rhode Island	
Rhode Island	to own, deve		d otherwise deal in real estat		
5. Principal office address			City	State	Zip
81 Church			East Greenwic	ム RI	02818
n. M. AILING ADDRE	SS OF LIMITED LI	ABILITY COMPA	NY AND NAME OR LITLE O	FONTACLE	ERSON:
Norbert J. Zwiene			Contact Title		
ireel Address		· · · · · · · · · · · · · · · · · · ·	• Member		
81 Churc			East Greenwi	State RI	Zip 02813
NAME AND ADDR	ESS OF EACH MAN	IAGER OF THE L	IMITED LIABILITY COMPA	NY, IF APPL	CABLE
	FILL IN SPAC	es before using	APTACHMENTS C'A" BOX FOR	CATTACHMENT	. 🗆
lanoger Name		היותמינים אבעטוו	RES FILING OF AMENDMENT. R.I.	G.L. 7-16-12 (a) (2) / 7-16-52
Norbert J. Zwiene	er		• Manager Name •		
ireet Address	· · · · · · · · · · · · · · · · · · ·		• Street Address		
81 Church Street			• • • • • • • • • • • • • • • • • • •		
City	State	Zip	*City	State	Zip
E.G reenwich	RI	02818	• *		l Cap
fanager Name			Manager Name	••••••	
rees Address			•		
LEET VERBETTA			·Street Address	<u> </u>	
ity	State	Zip	City	State	
			•		Zip ———
		O HOT HITED OF			314.11
RESIDENTAGENT	<u>IN RHODE ISLAND A</u>	DO NOT ALTER- Cha	inges require filing of Forr	n 642 - R.C.C.T.	. /-10-11
Seut Manie		JO NOT ALTER- Cha	Address	n 642 - RLGL	. /-[0-[]
Norbert J. Zwiene		O NOT ALTER- Cha	Address 81 Church Street	<u>n 642 - R.LGL</u>	. /-(6-[]
Norbert J. Zwiene		JUNUI ALIER- Cha	81 Church Street City	n 642 - R.LGL	Zip
Norbert J. Zwiene		JUNUI ALIER- Cha	Address 81 Church Street	n 642 -RLGL	
Norbert J. Zwiene		JONOI ALIER- Cha	81 Church Street City		Zip
Norbert J. Zwiene		JONOT ALTER- Cha	81 Church Street City		Zip
Norbert J. Zwiene		JUNUI ALIER- Cha	81 Church Street City		Zip
Norbert J. Zwiene		JUNUI ALIER- Cha	81 Church Street City		Zip
Norbert J. Zwiene		JONOT ALTER- Cha	81 Church Street City		Zip
Norbert J. Zwiene		JUNUI ALIER- Cha	81 Church Street City		Zip
Norbert J. Zwiene	r		81 Church Street City East Greenwich		Zip
Norbert J. Zwiene			81 Church Street City East Greenwich		Zip
Norbert J. Zwiene	r		81 Church Street City East Greenwich		Zip
Norbert J. Zwiene	r		81 Church Street City East Greenwich		Zip
Norbert J. Zwiene	r		81 Church Street City East Greenwich		Zip
Norbert J. Zwiene	r		81 Church Street City East Greenwich	RI	02818
Norbert J. Zwiene	r		81 Church Street City East Greenwich ursuant to 7-16-66.	RI	02818
Norbert J. Zwiene	r		81 Church Street City East Greenwich Under penalty of perjunthis report, including an	y, I declare and a	02818 Ozena (1)
Norbert J. Zwiene	r ened in ink by an au	ethorized person p	81 Church Street City East Greenwich ursuant to 7-16-66.	y, I declare and a	02818 Ozena (1)
Norbert J. Zwiene	r ened in ink by an au	ethorized person p	81 Church Street City East Greenwich Under penalty of perjunthis report, including an	y, I declare and a	02818 Ozena (1)
Norbert J. Zwiene	r ened in ink by an au	ethorized person p	### Address 81 Church Street City East Greenwich Under penalty of perjury this report, including an and that all statements of the statement of the s	y, I declare and a yaccompanying contained herein	O2818 O2818 ffirm that I have examined schedules and statements, are true and correct.
his report must be sig	r	ethorized person p	81 Church Street City East Greenwich Under penalty of perjunthis report, including an	y, I declare and a yaccompanying contained herein	02818 Ozena 1 have examined schedules and statements
Norbert J. Zwiene	r ened in ink by an au	ethorized person p	### Address 81 Church Street City East Greenwich Under penalty of perjury this report, including an and that all statements of the statement of the s	y, I declare and a y, accompanying contained herein	ffirm that I have examined schedules and statements, are true and correct. September 3, 2002

Filing Fee: \$50.00



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

	Number114008			Annual Report	for the year _	2001
1.	The name of the lin	nited liability company is:				
	ZWIENER RE	ALTY, LLC			-	
2.		principal office of the limite		RI	02910-0000	· ·
3.	The state or other ju	urisdiction under the laws o	f which it is formed is:_	Rhode Island		
4.		ress of its resident agent is:				
	81 Church Stre		East Greenwick	ı RI	02818	<u> </u>
5.		ng address of the limited	Norhant I Zwianan	nd the name	or title of a	person to who
		BB 630 Reservoir		RI	02910-0000	
	to own, develo	op, lease, sell and otherwise d	leal in real estate			
7.		y company has managers,		ess of each mar	nager:	
7.		y company has managers,		ess of each mai		
	If the limited liability	y company has managers, l			ess	02818

Form No 632 Revised: 01/99