



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. 105008		2. Exact name of the limited liability company Greco Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 11 KNIGHT STREET, BUILDING B7			City WARWICK	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EARL M GRECO			Contact Title Operating Manager		
Street Address 11 KNIGHT STREET, BLDG B-7			City WARWICK	State RI	Zip 02886-
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 Earl M. Greco			Manager Name		
Street Address 11 Knight Street, Building B-7			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ARTHUR J. LEONARD, ESQ.			Address 321 SOUTH MAIN STREET, SUITE 301		
Address			City PROVIDENCE	Zip 02903	

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



1 0 5 0 0 8

105008 DLLC 10/19/05 04:38:58 PM

File Date 11-23

Check No. 2180

By: [Signature]

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.

Earl M. Greco 11/14/05
Signature of Authorized Person Date

Earl M. Greco
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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 105008		2. Exact name of the limited liability company Greco Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 11 KNIGHT STREET, BUILDING B7			City WARWICK	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EARL M GRECO			Contact Title Operating Manager		
Street Address 11 KNIGHT STREET, BLDG B-7			City WARWICK	State RI	Zip 02886-
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 Earl M. Greco			*Manager Name		
Street Address 11 Knight Street, Building B7			*Street Address		
City Warwick	State RI	Zip 02886	*City	*State	*Zip
*Manager Name			*Manager Name		
*Street Address			*Street Address		
City	State	Zip	*City	*State	*Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ARTHUR J. LEONARD, ESQ.			Address 321 SOUTH MAIN STREET, SUITE 301		
Address			City PROVIDENCE	Zip 02903	

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



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105008 DLLQ 10/14/04 11:45:08 AM

File Date 11/17/04

Check No 3325

By: 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.

Earl M. Greco 11/16/04
Signature of Authorized Person Date

Earl M. Greco
Print or Type Name of Authorized Person



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. 105008		2. Exact name of the limited liability company Greco Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 11 KNIGHT STREET, BUILDING B7		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EARL M GRECO			Contact Title Operating Manager		
Street Address 11 KNIGHT STREET, BLDG B-7		City WARWICK	State RI	Zip 02886-	
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 Earl M. Greco		*Manager Name			
Street Address 11 Knight Street, Building B7		*Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
*Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11.					
Agent Name ARTHUR J. LEONARD, ESQ.			Address 321 SOUTH MAIN STREET, SUITE 301		
Address			City PROVIDENCE	Zip 02903	

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



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105008 DLLC 10/16/03 11:28:00 AM

File Date 11/4/03

Check No. 2785

By: [Signature]

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.

Earl M. Greco 11/1/03
Signature of Authorized Person Date

Earl M. Greco
Print or Type Name of Authorized Person



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. *105008*		2. Exact name of the limited liability company Greco Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 11 KNIGHT STREET, BUILDING B7		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EARL M GRECO			Contact Title Operating Manager		
Street Address 11 KNIGHT STREET, BLDG B-7		City WARWICK	State RI	Zip 02886-	
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 Earl M. Greco		*Manager Name			
Street Address 11 Knight Street, Building B-7		*Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
*Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301			
Address		City PROVIDENCE	Zip 02903		

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



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105008 DLLC9/26/022:25:13 PM
File Date <u>10-16-02</u>
Check No. <u>2103</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.

Earl M. Greco 10/9/02
Signature of Authorized Person Date

Earl M. Greco
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 105008

Annual Report for the year 2001

1. The name of the limited liability company is:

Greco Realty Associates, LLC

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

11 Knight Street, Building B-7, Warwick, RI 02886

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: ARTHUR J. LEONARD, ESQ.

321 SOUTH MAIN STREET, SUITE 301 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: Earl M. Greco

11 Knight Street, Bldg. 7
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: Dealing in real estate

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

<i>Name</i>	<i>Address</i>
<u>Earl M. Greco, Operating Manager</u>	<u>15 Forest Lane, East Greenwich, RI 02818</u>
_____	_____
_____	_____

Dated 12/13/01



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.

Greco Realty Associates, LLC

Exact Name of Limited Liability Company

By _____

Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>12-28-01</u>
Check No.:	<u>16412</u>
By:	<u>[Signature]</u>

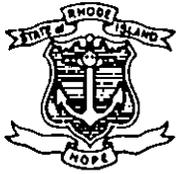
Form No. 632
Revised 01/99

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

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 105008

Annual Report for the year 2000

1. The name of the limited liability company is:

Greco Realty Associates, LLC

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

11 Knight Street, Building B-7, Warwick, RI 02886

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: ARTHUR J. LEONARD, ESQ.

PLOURDE & LEONARD, LTD. ONE CITIZENS PLAZA, SUITE 830 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: Earl M. Greco

11 Knight Street, Building B-7, 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: dealing in real estate

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

Name

Address

Earl M. Greco

15 Forest Lane, East Greenwich, RI 02818

Operating Manager

Dated 10/27/00

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.



Greco Realty Associates, LLC

Exact Name of Limited Liability Company

By Earl M. Greco

Operating Manager

Title

FOR SECRETARY'S OFFICE USE ONLY

FILED

File Date: OCT 30 2000

Check No.: 000103

By: 15340k