



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. 115808		2. Exact name of the limited liability company SVS Realty, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and Manage Real Estate	
5. Principal office address 32 Linton Street		City Pawtucket	State Rhode Island
		Zip 02860	
NAME AND ADDRESS OF LIMITED LIABILITY COMPANY AND NAME AND TITLE OF CONTACT PERSON			
Contact Name Kellie Laliberte		Contact Title Operating Manager	
Street Address 32 Linton Street		City Pawtucket	State RI
		Zip 02860	
NAME AND ADDRESS OF EACH OF MANAGERS OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) IF MANAGER IS FOREIGN DISCLOSE ADDRESS, STREET OR RAILROAD IF MANAGER IS A MINOR, DISCLOSE NAME OF PARENT (IF APPLICABLE)			
Manager Name Kellie Laliberte		*Manager Name .	
Street Address Same as above		*Street Address .	
City .	State .	Zip .	*City .
*Manager Name .		*Manager Name .	
Street Address .		*Street Address .	
City .	State .	Zip .	*City .
State		Zip	
City		State	
Zip		City	
State		Zip	
RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER changes require filing of Form 632 and fee of \$15			
Agent Name Stephen M. Litwin, Esquire		Address .	
Address One Ship Street		City Providence	Zip 02903

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



1 1 5 8 0 8

File Date	11-14-05
Check No.	1580
By	CXC
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.

Kellie Laliberte 10/05
Signature of Authorized Person operating mgr.
Kellie Laliberte
Print or Type Name of Authorized Person



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Office of the Secretary of State

Matthew A. Brown, Secretary of State
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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. 115808		2. Exact name of the limited liability company SVS Realty, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and Manage Real Estate	
5. Principal office address 32 Linton Street		City Pawtucket	State Rhode Island
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kellie Laliberte		Contact Title Operating Manager	
Street Address 32 Linton Street		City Pawtucket	State RI
		Zip 02860	
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 Kellie Laliberte		*Manager Name	
Street Address Same as above		*Street Address	
City	State	Zip	*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 Stephen M. Litwin, Esquire		Address	
Address One Ship Street		City Providence	Zip 02903

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



1 1 5 8 0 8

File Date	10/25/04
Check No.	774
By:	W.
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.

Kellie Laliberte operating mgr
Signature of Authorized Person Date 10/13/04

Kellie Laliberte
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115808		2. Exact name of the limited liability company SVS REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND MANAGE REAL PROPERTY	
5. Principal office address 32 LINTON STREET		City PAWTUCKET	State RI
		Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name KELLIE LALIBERTE		Contact Title Operating Manager	
Street Address 32 LINTON STREET		City PAWTUCKET	State RI
		Zip 02861-	
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 Kellie Laliberte		Manager Name	
Street Address 32 Linton Street		Street Address	
City Pawtucket	State RI	City 02861	State 02861
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 STEPHEN M. LITWIN, ESQ.		Address ONE SHIP STREET	
Address		City PROVIDENCE	Zip 02903-

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



1 1 5 8 0 8

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

Kellie Laliberte-Operating Manager

Print or Type Name of Authorized Person

115808 DLLC 10/15/03 01:30:48 PM

File Date 11/6/03

Check No. 3431

By: [Signature]

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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *115808*		2. Exact name of the limited liability company SVS REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND MANAGE REAL PROPERTY	
5. Principal office address 32 LINTON STREET		City PAWTUCKET	State RI
		Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name KELLIE LALIBERTE		Contact Title	
Street Address 32 LINTON STREET		City PAWTUCKET	State RI
		Zip 02861-	
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 RIGL 7-16-12 (a) (2) / 7-18-32			
Manager Name Kellie Laliberte		*Manager Name	
Street Address 32 Linton Street		*Street Address	
City Pawtucket	State RI	Zip 02861	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642 - RIGL 7-16-11			
Agent Name STEPHEN M. LITWIN, ESQ.		Address ONE SHIP STREET	
Address		City PROVIDENCE	Zip 02903-

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



* 1 1 5 8 0 8 *

115808 DLLC9/28/022:26:13 PM

File Date 10-17-02

Check No. 2664

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.

Kellie Laliberte 9/30/02
Signature of Authorized Person Date

Kellie Laliberte - Operating Manager
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 115808

Annual Report for the year 2001

1. The name of the limited liability company is:

SVS REALTY, LLC

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

32 Linton Street, Pawtucket, Rhode Island

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: STEPHEN M. LITWIN, ESQ.

ONE SHIP STREET 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: Kellie LaLiberte - Operating Manager

32 Linton Street, Pawtucket, Rhode Island

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: own and manage real property

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

Name	Address
------	---------

Kellie LaLiberte

32 Linton Street, Pawtucket, Rhode Island

Dated 10/17/01



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.

SVS Realty, LLC

Exact Name of Limited Liability Company

By Kellie LaLiberte

Kellie LaLiberte - Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date:

FILED
JUN 28 2002

Check No.:

By: [Signature]

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