

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 | ANNUAL REPORT FOR THE YEAR 2005 |
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| Filing Period: Septer FORM MUST BE TYPED | | | Filing Fee: \$50.00 | | | | | |
|---|-------------------------------|----------------------------|---|---------------------------------------|--------------------------------------|-------------------|--------|-------------|
| 1. ID No. | | name of the limited liabil | ly company | | | | | |
| 108009 | Bassi Realty Enterprises, LLC | | | | | | | |
| 3. State of Formation 4 Brief description of the character of the histness to | | | | ch is actually co | onducted in Rhode Island | 1 | | |
| RHODE ISLAND | | REAL ESTATE | · | , | | | | |
| 5. Principal office address | 5 | <u> </u> | | City | | State | | Zip |
| 1,0 1 | | り HOUS巨 RI | O4O company and name | – | SCITUATIZ | R.I. | · - | 02857 |
| Contact Name | | | | Contact Tule | | •••• | | |
| I=RANK B/ | 1224 | | | PRES | $\mathcal{S}_{\mathcal{S}}$ | | | |
| Street Address | | | | City | <u>.</u> | State | | Z.φ |
| 123 BATTEY M | 1EET. | ing house | 120 | NORTH | SCITUATE | I RI | | 02857 |
| 7. NAME AND ADD | RESS OF | EACH MANAGER (| OF THE LIMITED LIABI | LITY COMP | ANY, IF APPLICAB | LE | | |
| AN | Y MODI | | BEFORE USING ATTAC NAGERS REQUIRES FIL | | ("X" BOX FOR ATT ENDMENT, R.I.G.L | | | 5-52 |
| Manager Name | | | | Manager Nar | ne | | | |
| FRANK BAUSI | | | CAROLYN BASSI | | | | | |
| Sirect Address BATTEY 1 | 1EET | NO HOWE | RO. | Sirrei Address | ATTEY MEET | THG IK | JUJE | RD |
| city YURT74 SCCITE | NATE. | State P.J. | <i>#</i> 02857 | City | SCITUATE | Siate | | 02857 |
| Manager Name | | | | Manager Nar | ne | | | |
| Street Address | | | | Strect Address | 5 | | | |
| | | r | T=: | | | , <u>.</u> | | |
| City | | State | Zip | City | | State | | Zíp |
| 8. RESIDENT AGEN | T IN RH | I ODE ISLAND - DO I | NOT ALTER - Changes | : require fili <i>Address</i> | ing of Form 642 - 1 | I R.I.G.L. 7-1 | 6-11 | · |
| CDANKI DAGGI | | | | | | | | • |
| FRANK L. BASSI Address | | | | City | | | Zip | |
| 123 BATTEY MEETING | HOUSE | POAD | | | | | | |
| 154 ACT 1 P. 1 10 P. 11 11 12 | HVUVE | וואטא | | NORTH SCITUATE 02857- | | | | |
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

| File Date 9/14/05 *108009* | |
|---------------------------------|--|
| Check No | |
| Ву: | |
| 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

Print or Type Name of Authorized Person



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

100 North Main Street Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

401.222.3040

Corporations Division

| LIMITED LI Filing Period: Septen (FORM MUST BE TYPED | iner I - | November I 💨 🔸 | PANY ANNUA Filing Fee: \$50.00 | L REPORT FOR THI | E YEAR | 2004 | |
|--|------------------|--|-----------------------------------|---|------------------------|----------------------|--|
| 1 112 No. 108009 | 2 Exact | sact name of the limited liability company ssi Realty Enterprises, LLC | | | | | |
| 3. State of Formation 4. Brief description of the character of the busines RHODE ISLAND REAL ESTATE | | | | s which is actually conducted in Rhede Isla | nd | | |
| 6. MAILING ADDRES | MEET ss of li | TH 6 HOUS | E 120410 Y COMPANY AND NA | NORTH SCITUATE ME OR TITLE OF CONTACT PER | State P. T. SON: | 02857 | |
| Contact Name FRANK BI | <u>4551</u> | | | Contact Title PRES | | | |
| | ESS OF | EACH MANAGER FILL IN SPACE | OF THE LIMITED LI | City NORTH SCITUATE ABILITY COMPANY, IF APPLICAT TACHMENTS ("X" BOX FOR AT FILING OF AMENDMENT, R.I.G.I | TACHMENTI [| 02857 | |
| Nanager Name FRANK BA Sircei Address | | | | Manager Name CAPOLYU PAS | | 7 7-16-52 | |
| 1.3 | MEET | TING HOW State R.T. | E RD | Sirect Address 123 BIATTEY ITEE | TIHE HOU | SE PD | |
| V . SC 17947E Manager Name | =] | R.T. | 02857 | N. SCITUATE | State PET | SE RD 24 02857 | |
| Street Address | | | | Manager Name Street Address | | | |
| City | | State | Zip | City | State | Zíp | |
| 3. RESIDENT AGENT | in RHC | DDE ISLAND - DO | NOT ALTER - Chang | es require filing of Form 642 - | R.I.G.L. 7-16-11 | | |
| FRANK L. BASSI | | | | | | | |
| 123 BATTEY MEETING HOUSE ROAD | | | | OITY NORTH SCITUATE | 7.1p 02857- | | |
| | | | | | _ <u>_</u> | | |

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



| File Date _ | 9 23 04 | | | |
|---------------------------------|---------|--|--|--|
| Check No | 657 | | | |
| Ву: | D4 | | | |
| FOR SECRETARY OF STATE USE ONLY | | | | |

| Under penalty of pe | rjury. I declare and affirm | that I have examined this report, |
|----------------------|-----------------------------|------------------------------------|
| ncluding any accon | panying schedules and st | atements, and that all statements, |
| contained becein ago | true and correct. | |
| / / | IIII | |

JERANK BASS |
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

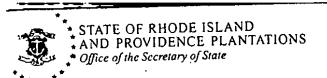
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

| Filing Period: Septen | iber 1 - November 1 🧪 🔸 | Filing Fee: \$50.00 | | | | |
|---------------------------------------|--|---|--|---------------------------------|---------------------------------------|--|
| (FORM MUST BE TYPED | | | | | | |
| I ID No | 2. Exact name of the limited liability company | | | | | |
| 108009 | Bassi Realty Enter | Bassi Realty Enterprises, LLC | | | | |
| 3. State of Formation | 4. Brief description of | f the character of the business i | which is actually conducted in Rhode Islan | d | | |
| RHODE ISLAND | REAL ESTATE | | | | | |
| 5 Principal office address [] BATTEY | MEETING HOUS | E POAO | NORTH SCITUATE | State Z | 24 | |
| | | | IE OR TITLE OF CONTACT PERS | ON: | 120 00 / | |
| Contact Name | 4551 | | Contact Title PRES | | | |
| Street Address | EETING HOW | T 0000 | City | State | Zip C C | |
| , , , | EETING HOUSE | | NORTH SCHUATE | 1 RI | 103421 | |
| 7. NAME AND ADDR | | | BILITY COMPANY, IF APPLICA | | | |
| ANY | FILL IN SPAC MODIFICATIONS TO M | ES BEFORE USING ATT. IANAGERS REQUIRES F | ACHMENTS <i>("X" BOX FOR AT</i> TLING OF AMENDMENT, R.I.G.L | <i>TACHMENT)</i> 7-16-12 (a) | │ (2) / 7.16.52 | |
| Manager Name | • | • | Manager Name | | | |
| FRANK BAS | 31 | | | | | |
| Street Address | | | Street Address | | · · · · · · · · · · · · · · · · · · · | |
| 123 BATTEY | MEETTHE HOW | E RD | | | | |
| NOATH SCIT | WHE State | 202857 | City | State | Zíp | |
| Manager Name | | | Manager Name | | ······ | |
| Street Address | | | Sirve Address | _ | | |
| City | State | Zip | City | State | Z.(p | |
| Agent Name | IN RHODE ISLAND - D | l O NOT ALTER - Change | es require filing of Form 642 - | R.J.G.L. 7-16 | 5-11 | |
| FRANK L. BASSI | | | | | | |
| Address 123 BATTEY MEETING | HOUSE ROAD | | NORTH SCITUATE | 7.ip 02857- | | |
| - <u>-</u> | | | | | | |

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

| * 1 0 8 9 0 9 * | Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying rehadules and statements and the all the second |
|----------------------------------|---|
| File Duie 11 3/03 Check No. 2202 | including any accompanying schedules and statements, and that all statements, contained herein are true and correct. |
| FOR SECRETARY OF STATE USE ONLY | Signature of Authorized Person FRANK BASS 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 <u>2002</u>

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 I ID No. Bassi Realty Enterprises, LLC 108009 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE. RHODE ISLAND RUY + SELL State City 5. Principal office address $\mathcal{R}\mathcal{I}$ 0285 NORTH SCITUATE BATTEY MEETING HOUSE D NAME OR TITLE OF CONTACT PERSON 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AS Contact Title Contact Name PRE. FRANK City 82857 Street Address SCITUATE BATTEY MEETING HOUSE NORTH 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (8) (2) / 7-16-52 •Manager Name Manager Name CAROL FRANK BASS Street Address Street Address Manager Name Manager Name ·Street Address Strect Address State City Zip State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address agent Name FRANK L. BASSI Zip City Address 02857-**NORTH SCITUATE** 123 BATTEY MEETING HOUSE ROAD

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



this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 20. Hy 8h 11 3.0 540 477 Signature of Authorized Person HIVLE 43 Oftion BECEINED FRANK BASSI Print or Type Name of Authorized Person

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

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

-**€** > 5



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 108009

Annual Report for the year 2001

| טו | Number DELC 100009 | Annual Report for the year. | | | |
|----|---|---|--|--|--|
| 1. | The name of the limited liability compa | ny is: | | | |
| | Bassi Realty Enterprises, LLC | | | | |
| 2. | The address of the principal office of the | | | | |
| | 123 BATTEY MEETIN | IT HOUSE ROAD NORTH SCITWHE RI 02559 | | | |
| 3. | | e laws of which it is formed is RHODE ISLAND | | | |
| 4. | The name and address of its resident agent is: FRANK L. BASSI | | | | |
| | 123 BATTEY MEETING HOUSE ROA | AD NORTH SCITUATE RI 02857- | | | |
| 5. | The current mailing address of the lim | ited liability company and the name or title of a person to whom communications | | | |
| | may be directed are: | ME AS ABOUT | | | |
| | | | | | |
| 6. | A brief statement of the character of | the business in which the limited liability company is actually engaged in this | | | |
| | state: <u>REAL ESTATE</u> | | | | |
| 7. | · | nagers, the name and address of each manager of the limited liability company | | | |
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Da | ated 8-26-01 | Under penalty of perjury, I declare and affirm that I have examined this | | | |
| | 41 11811 88181 18111 88111 88116 181 | report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | |
| | | BASSI REALTY ENTERPRISES LLC Exact Name of Limited Liability Company | | | |
| | 1 0 8 0 0 9 | Exact Name of Limited Liability Company | | | |
| | FOR SECRETARY OF STATE USE ONLY | BY FRANK L BASSI | | | |
| | e Date: 8-28-01 | PLES | | | |
| Ch | eck No.: 1632 | Title Form No. 632 | | | |
| Βv | \cdot ∂ | Revised 01/99 | | | |

DETACH DOTTOM BEFORE RETURNING