



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. 127312		2. Exact name of the limited liability company BRENNAN REALTY LLC NO. 3	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION, MANAGEMENT AND SALE OF REAL PROPERTY	
5. Principal office address 571 Bellevue Ave		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Brennan		Contact Title Pres	
Street Address 571 Bellevue Ave		City Newport	State RI
		Zip 02840	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 JOHN J. BRENNAN		Address 571 Bellevue Ave	
Address 571 BELLEVUE AVENUE		City NEWPORT	Zip 02840

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

File Date 12/5/05 *127312*

Check No. 2332

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

John Brennan 9/30/05
 Signature of Authorized Person Date

JOHN BRENNAN
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No. 127312		2. Exact name of the limited liability company BRENNAN REALTY LLC NO. 3			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Acquisition, MANAGEMENT, + sale of real prop</i>			
5. Principal office address 571 BELLEVUE AVENUE		City NEWPORT	State RI	Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN J BRENNAN		Contact Title Member			
Street Address 571 BELLEVUE AVE		City NEWPORT	State RI	Zip 02840-	
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		Manager Name			
Street Address		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 PASTER & HARPOOTIAN, LTD.		Address ONE PROVIDENCE WASHINGTON PLAZA			
Address		City PROVIDENCE	Zip 02903-		

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



1 2 7 3 1 2

127312 DLLC 09/07/04 12:28:13 PM

File Date 12/20/04

Check No. 1880

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.

John J. Brennan
Signature of Authorized Person 10/20/04 Date

John J. Brennan
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

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1. ID No. 127312		2. Exact name of the limited liability company BRENNAN REALTY LLC NO. 3	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 571 BELLEVUE AVENUE		City NEWPORT	State RI Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John J. Brennan		Contact Title Member	
Street Address 571 Bellevue Avenue		City Newport	State RI Zip 02840
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			
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PASTER & HARPOOTIAN, LTD.		Address ONE PROVIDENCE WASHINGTON PLAZA	
Address		City PROVIDENCE	Zip 02903-

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



1 2 7 3 1 2

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.

Matthew A. Brown 10/8/03
Signature of Authorized Person Date
JOHN J. BRENNAN
Print or Type Name of Authorized Person

127312 DLLC 10/02/03 11:25:55 AM
File Date 10.10.03
Check No. 1407
By: ac
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