



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

Matthew A. Brown, Secretary of State
Corporations Division
160 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. 127613		2. Exact name of the limited liability company Bronco Realty, 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 1452 BRNCOS HIGHWAY		City BURRILLVILLE	State RI
		Zip 02830-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name ROBERT H BRANCAUD		Contact Title Member	
Street Address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. ONLY BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATION TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 16-12(a)(2) 7-16-52			
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, R.I.G.L. 16-11			
Agent Name CHARLES S. SOKOLOFF, ESQ.		Address 6 BLACKSTONE VALLEY PLACE, SUITE 301	
Address		City LINCOLN	Zip 02865-

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



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File Date	10/31/05
Check No.	10174
By	10P
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 5/17/05

Robert H. Branchaud

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. 127613		2. Exact name of the limited liability company Bronco Realty, 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 1452 BRONCO HIGHWAY		City HARRISVILLE	State RI
		Zip 02830-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT H BRANCAUD		Contact Title Member	
Street Address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
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
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State		State	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CHARLES S. SOKOLOFF, ESQ.		Address ELEVEN THURBER BOULEVARD	
Address		City SMITHFIELD	Zip 02917-

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



1 2 7 6 1 3

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 9/7/04

Robert H. Branchaud

Print or Type Name of Authorized Person

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File Date 9/17/04

Check No. 10057

By DA

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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. 127613		2. Exact name of the limited liability company Bronco Realty, 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 1452 Bronco Highway		City Harrisville	State RI
		Zip 02830	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert H. Branchaud		Contact Title Member	
Street Address P.O. Box C		City Woonsocket	State RI
		Zip 02895	
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 CHARLES S. SOKOLOFF, ESQ.		Address ELEVEN THURBER BOULEVARD	
Address		City SMITHFIELD	Zip 02917-

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



1 2 7 6 1 3

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 9/16/03
Robert H. Branchaud, Member
Print or Type Name of Authorized Person

127613 DLLC 09/05/03 11:44:13 AM

File Date

Check No.

By:

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