

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 TYP								
<i>i. ID No.</i> 127613		name of the limit o Realty, LLC	ed liabilty company					
3. State of Formation 4. Brief description of the character of the business				which is actually conducted in	Rhode Island			
RHODE ISLAND		REAL ESTAT	E					
3. Principal office addr	ess		-		City	State	Zı	p
1452 BRONCOS	HIGHWA	ΑY			BURRILLVILLE	RI] (2830-
6.MATEING ADD Contact Name ROBERT H BRAN		iadniugadi	ГАВЦ <u>Г</u> ІТУ (СОУП		D. ME OR TIMES O Contact Title Member	REONANCT P	risover	
Street Address					City	State	Zi	p
P.O. BOX C					WOONSOCKET	RI	0	2895-
7. NAME A DEAD	DRESS.	OF FACH MA 2 FILL IN SPA ODIFICATIONS T	NAGEROF THE CES BEFORE USIN O MANAGERS ALL	GATTAC	BYTABLETTY COMP HMENTS FOR PARKED HIGGE AMERICMENT H. Manager Name	ANY, 14 APPLT RATES CHAPLES G 103 (6 12(8) (2	CABLE	
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Manager Name	• • • •	<i>j</i>		• • • • • ;	Manager Name			• • • • • • • • •
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8/RESIDENTAGE	NT IN R	HODEISTAND	DONOTALTER.	Changes	regulre (i)ling offFoi Address	m 642 Kigi	7.16.10 20.5	
CHARLES S. SOKOLOFF, ESQ.			6 BLACKSTONE VALLEY PLACE, SUITE 301					
Address			Ciry		Zıp			
					LINCOLN		02865-	
					· 			

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



127613 DLLC 09/12/05:10:24:28:PM
Check-No-1D174
By
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.

Date

Robert H. Branchaud

Print or Type Name of Authorized Person



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) 2. Exact name of the limited liabilty company 1. ID No. 127613 Bronco Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RHODE ISLAND State 5. Principal office address HARRISVILLE RI 02830-1452 BRONCO HIGHWAY 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name ROBERT H BRANCAUD .Member City Street Address State Zip WOONSOCKET RI P.O. BOX C 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) 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 •Cin• State Zip Manager Name Manager Name Street Address ·Street Address City Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL, 7-16-11 igent Name -Address CHARLES S. SOKOLOFF, ESQ. ELEVEN THURBER BOULEVARD Address Lip SMITHFIELD 02917-

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

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File Date	9	17	04
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Ву:		DA	
FOR SECRET	ARY OF S	STATE U	SE 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 begein and true and correct.	
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Agnature of Authorite Fershol Date	
Robert M. Branchaud	
Print or Type Name of Authorized Person	



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.

127613

File Date

Check No.

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Bronco Realty, LLC

2. Exact name of the limited liabilty company

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

3. State of Formation	1 '	•	e business which is actually conducted in	n Rhode Island			
RHODE ISLAND	Real Esta	te					
5. Principal office address		· <u> </u>	City	State	Zip		
1452 Bronco High	nway		Harrisville	RI	02830		
6. MAILING ADDRES	S OF LIMITED	LIABILITY COMPA	ANY AND NAME OR TITLE (OF CONTACT PERS	ON:		
Contact Name		,, ,	Contact Title				
Robert H. Branch	naud	_	.Member				
Street Address			City	State	Zip		
P.O. Box C	_		Woonsocket	RI	02895		
	FILL IN S	PACES BEFORE USING	LIMITED LIABILITY COMP G ATTACHMENTS ("X" BOX FO JIRES FILING OF AMENDMENT. R.	OR ATTACHMENT) 🔲			
Manager Name		To mandana naga	· Manager Name	<u></u>			
Sireci Address	<u> </u>		· Street Address	· Sireet Address			
City	State	Zip	City	State	Zip		
Manager Name	J		Manager Name				
Sireei Address			·Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT I	N RHODE ISLAN	D-DO NOT ALTER- C	hanges require filing of Fo	rm 642 • R.I.GL. 7-1	6-11		
CHARLES S. SOKO	LOFF, ESQ.		ELEVEN THURBER	BOULEVARD			
Address	· -		City	City Zip			
			SMITHFIELD	SMITHFIELD			
This report must be sig	gned in ink by a	n authorized persor	n pursuant to 7-16-66.				
1	. , . , .		Under penalty of per	rjury, I declare and affir	m that I have examined		
			this report, including	g any acc∳mpanying scl	hedules and statements,		
			and that all statemen	its contained herein are	truerand correct.		

Date

Robert H. Branchaud, Member

Print or Type Name of Authorized Person

9/16/03