



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. 124915		2. Exact name of the limited liability company Pact 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 7 Old Great Road		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul L. Girard			Contact Title Manager		
Street Address 7 Old Great Road		City Lincoln	State RI	Zip 02865	
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 Andre Girard			Manager Name Paul L. Girard		
Street Address 49 Old Greenville Road			Street Address 31 Ridge Drive		
City North Smithfield	State RI	Zip 02896	City Narragansett	State RI	Zip 02882
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 ROBERT D. GOLDBERG			Address		
Address 226 COTTAGE STREET		City PAWTUCKET	Zip 02860		

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 *124915*

Check No. 157

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.

[Signature] 9/13/05
Signature of Authorized Person Date

Paul L. Girard, Manager
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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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 7 OLD GREAT ROAD		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul L. Girard		Contact Title Manager	
Street Address 7 OLD GREAT ROAD		City LINCOLN	State RI
		Zip 02865-	
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 Andre Girard		Manager Name Paul L. Girard	
Street Address 49 Old Greenville Road		Street Address 31 Ridge Drive	
City North Smithfield	State RI	City Narragansett	State RI
	Zip 02896		Zip 02882
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 ROBERT D. GOLDBERG		Address 226 COTTAGE STREET	
Address 226 Cottage Street		City PAWTUCKET	Zip 02860-

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



1 2 4 9 1 5

124915 DLLC 09/15/04 10:22:50 AM

FILED

File Date SEP 16 2004

Check No. _____

By: Paul L. Girard

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.

Paul L. Girard 9/15/04
Signature of Authorized Person Date
Paul L. Girard, Manager
Print or Type Name of Authorized Person



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. 124915		2. Exact name of the limited liability company Pact 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 7 OLD GREAT ROAD			City LINCOLN	State RI	Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andre Girard			Contact Title Manager		
Street Address 7 Old Great Road			City Lincoln	State RI	Zip 02865
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 Andre Girard		Manager Name Paul L. Girard			
Street Address 49 Old Greenville Road		Street Address 77 South River Drive			
City North Smithfield	State RI	Zip 02896	City Narragansett	State RI	Zip 02882
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 JOHN T. GANNON			Address 574 CENTRAL AVENUE		
Address			City PAWTUCKET	Zip 02861-	

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



1 2 4 9 1 5

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.

Andre Girard 9/11/03
Signature of Authorized Person Date

Andre Girard, Manager
Print or Type Name of Authorized Person

124915 DLLC 09/11/03 10:49:59 AM
File Date 9-15-03
Check No. 111 / C 5742
By: KMC
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