



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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120317		2. Exact name of the limited liability company SOFIA GRAND 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 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN A LANCIA		Contact Title Manager	
Street Address 55 INDUSTRIAL CIRCLE		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) ☐ 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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL T. DICRISTOFARO, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3-1	
Address		City PROVIDENCE	Zip 02907-

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



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File Date

FILED

Check No.

NOV 14 2005

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.

Signature of Authorized Person

Date

STEVEN A. LANCIA

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)

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN A LANCIA		Contact Title .	
Street Address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI Zip 02865-
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Street Address .		Street Address .	
City .	State .	Zip .	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
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Agent Name PAUL T. DICRISTOFARO, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3-1	
Address .		City PROVIDENCE	Zip 02907-

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



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File Date	6/23/05
Check No.	29504
By:	DA
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

Steven A. Lancia

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120317		2. Exact name of the limited liability company SOFIA GRAND 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 55 Industrial Circle		City Lincoln	State RI Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven A. Lancia		Contact Title	
Street Address 55 Industrial Circle		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) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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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. 7-16-11			
Agent Name Paul T. DiCristofaro		Address	
Address 400 Reservoir Avenue, Suite 3G		City Providence	Zip 02907

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



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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

FILED

Check No. OCT 21 2003

By: [Signature]
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Signature of Authorized Person

Date

Steven A. Lancia

Print or Type Name of Authorized Person

2002

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120317	2. Exact name of the limited liability company SOFIA GRAND REALTY, LLC		
3. State of Formation RHODE ISLAND02865	4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate		
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Agent Name Paul T. DiCristofaro		Address	
Address 400 Reservoir Avenue		City Providence	Zip 02907

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FILED

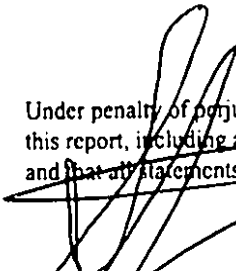
File Date 06T 21 2003

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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.


 Signature of Authorized Person

Steven A. Lancia
 Print or Type Name of Authorized Person

10/17/03
Date