

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) 2. Exact name of the limited liability company I. ID No. 120317 SOFIA GRAND 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 City Zip 5. Principal office address LINCOLN RI 02865-55 INDUSTRIAL CIRCLE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title STEVEN A LANCIA .Manager City Street Address State Zip 55 INDUSTRIAL CIRCLE . LINCOLN RI 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) \square 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 Zip State Zip City State ·City Manager Name Manager Name Street Address Street Address 7ip State 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 PAUL T. DICRISTOFARO, ESQ. 400 RESERVOIR AVENUE, SUITE 3-1 City Address Zip **PROVIDENCE** 02907-

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements,
120317 DLLC 09/06/05 01:57:17 PM and that dil statements contained herein are true and correct.
FILED 10/3/01
Check No. Signature of Muthorized Person Dute
NOV 14 2005
BY: NUV 14 2005 A LANCIA
Print or Time Name of Authorized Person
FOR SECREMENT OF STATE VELONLY \$ 2070



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401,222,3040

Form 632 Rev. 6/02

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) I. ID No. 2. Exact name of the limited liabilty company 120317 SOFIA GRAND REALTY, LLC 3. State of Formation 4. Brief description of the character of the bustness which is actually conducted in Rhode Island REAL ESTATE **RHODE ISLAND** 5. Principal office address State RΙ LINCOLN 02865-55 INDUSTRIAL CIRCLE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name STEVEN A LANCIA Street Address City State Zip LINCOLN RI 02865-55 INDUSTRIAL CIRCLE 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 State Zip City State Zip·City Manager Name Manager Name Street Address Street Address City State City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address PAUL T. DICRISTOFARO, ESQ. 400 RESERVOIR AVENUE, SUITE 3-1 Address City **PROVIDENCE** 02907-This report must be signed in ink by an authorized person pursuant to 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. *120317 DLLC 09/01/04 09:06:32 AM* File Date Check No. téven 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, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

	September 1 -		• Filing Fee: \$5	50.00						
1. ID No. 120317	2. Exact	PRINTED IN BLACK) The limited liability company THA GRAND REALTY, LLC								
3. State of Formation				e business which is actually conduct	ed in Rhode Island					
RHODE ISLA	ND	Real Estat	: e							
5. Principal office 55 Industr		l		City Lincoln	State RI	Zip 02865				
6. MAILING A Contact Name Steven A.		F LIMITED I	LIABILITY COMP	ANY AND NAME OR TITL	E OF CONTACT PEI					
Street Address			-	City	State	Zip				
55 Industri				.Lincoln	RI	02865				
Manager Name		FILL IN SP	ACES BEFORE USIN	UIRES FILING OF AMENDMENT • Manager Name •	$X FOR ATTACHMENT) \sqcup$	1				
Strees Address				• Street Address	· Street Address					
City	<u> </u>	State	Zip	*City	State	Zip				
Manager Name	• • • • •	J	!	Manager Name	l					
Street Address				*Street Address	-					
City		State	Zip	City	State	Zip				
Agent Name			D-DO NOT ALTER- C	hanges require filling of	Form 642 - R.I.G.L. 7	-16-11				
Address	. 210118	COLUZO		City	Zip					
400 Reservoir Avenue, Suite 3G				Providence	e	02907				
Address	servoir		iite 3G	'						
This report mu	ist be signed	finink by a	n authorized perso	n pursuant to 7-16-66.						

File Date FILED

Check No. OCT 2 1 2003

By:

FOR SECRETAR 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



File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown. Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

1. ID No. 120317	2. Exact name of the limits SOFIA GRAND RE	ited liabilty company						
3. State of Formation	4. Brief descript	ion of the character of the	business which is actually condu	cted in Rhode Island				
RHODE ISLANDO	Dani Bara							
5. Principal office addre	ısı		City	State	Zip			
55 Industrial			Lincoln	RI	02865			
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITI	LE OF CONTACT PERSO	ON:			
Contact Name			Contact Title					
Steven A. Lan	cia		•	10	17:-			
Street Address			City	State RI	<i>Zip</i> 02865			
55 Industrial			Lincoln					
7. NAME AND ADI	FILL IN SP	ACES BEFORE USING		DX FOR ATTACHMENT)				
	ANY MODIFICATIONS	TO MANAGERS REQU	JIRES FILING OF AMENDMEN	11. K.I.O.E 7-10-12 (a) (2) 1-7-1				
Manager Name			• Manager Name •	• Manager Name •				
			• Street Address	· · · · · · · · · · · · · · · · · · ·				
Street Address			• Street Address	• Street Address				
		Zip	• City	State	Zip			
City	State	249	·					
Manager Name			Manager Name					
Sireet Address			•Street Address	• Street Address				
	State	Zip	City	State	Zip			
City		J.,	•					
O DECIDENT ACE	T IN DUODE ISLAN	D DO NOT ALTER- C	hanges require filing o	of Form 642 - R.I.G.L. 7-16	-11			
Agent Name	TI II KRODE ISEA	D-50 (10 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address					
Paul T. DiCristofa	aro							
Address			City	City Zip				
400 Reservoir	Avenue		Providence	02	907			
400 Reservoir	Avenue							
This report must b	e signed in ink by a	n authorized persor	n pursuant to 7-16-66.					
•								
	1 2 0 3 1 7		Under penalty	of porjury, I declare and affin	m that I have examined			
	FILED	12		lydyng any accompanying sca depicnts contained herein are				

Signature of Authorized Person

Steven A. Lancia
Print or Type Name of Authorized Person