

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005 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. 2. Exact name of the limited liability company 132917 ABBY REALTY, LLC. 3 State of Formation 4. Brief description of the character of the hustness which is actually conducted in Rhode Island **REAL ESTAET ACQUISITION AND PROPERTY HOLDING RHODE ISLAND** 5. Principal office address 54 EAST MAIN ST WEST WARWICK RF 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title STEVEN MURRAY State WEST WARWICK RI 02843 54 EAST MAIN ST 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 Zip State Ζ.Ф Manager Name Manager Name Street Address Street Address City State State 2φ Z_ip 8. RESIDENT AGENT IN RHODE ISLAND . DO NOT ALTER . Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address STEVEN A. MURRAY Address Ζip **WEST WARWICK 54 EAST MAIN STREET** 02893-

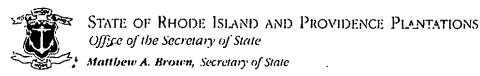
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date 10 30 05 132917* Check No. 135 By: 132917*		
FOR SECRETARY OF STATE USE ONLY		

including any accompanying schedules an contained herein are true and correct.	d statements, and that all statements,
Signature of Authorized Person	10 - 15 - 05
Signature of Authorized Person	Date
STEVEN A. MURA	RAY

Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report,



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

2004

Filing Period: Septem (FORM MUST BE TYPED O		• Filling Fee: \$5	0.00				
1. ID No. 132917	2. Exact name of the limited liability company						
3. State of Formation	4. Brief description	m of the character of the h	nistness which is actually conducted in Rhode Islan	nd			
RHODE ISLAND	REAL	ESTATE ACA	UISITION + PROPERTY HO	TION + PROPERTY HOLDING			
5 Principal office address 54 EA:	T MAIN ST	-	City WEST WARWICK	State R L	2.tp 0 7 893		
6. MAILING ADDRES	S OF LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONTACT PER	SON:			
Contact Name	,		Contact Title				
STEVEN	A. MURA	RAY	CHY				
Street Address		,	City	State	Zip		
STEVEN A. MURRAY SIRVI Address 54 EAST MAIN ST			WEST WARWICK	RI	04893		
7. NAME AND ADDR	ESS OF EACH MANA	GER OF THE LIMITI	ED LIABILITY COMPANY, IF APPLICA	BLE			
4.875			G ATTACHMENTS ("X" BOX FOR A	· —			
	MODIFICATIONS TO) MANAGERS REQU	IRES 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	Chy	State	7.ip		
• • • • • • • • • • • • • • • • • • • •	.		•				
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 - Address	R.J.G.L. 7-16-11	1		
STEVEN A. MURRAY							
Address		,-	City	Zip			
54 EAST MAIN STREET		WEST WARWICK	028	02893-			
	 						

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



File Date 10 13 04		
Check No.		
Ву:ОА		
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.

Steven ally	NAM -		9-15-04
Signature of Authorized Person		Date	-

STEVEN	A.	MURRAY		
rint or Time Moine of Authorized Descon				