

## 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

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

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1. ID No.		act name of the limited liability company					
96619	Mars Realty, LLC	-6.11	siness which is actually conducted in	Phode Island			
3. State of Formation	BENEAU BE	n of the chamcier of the mi AL ESTATE, AND DEV		KANNIC ISHIMU			
RHODE ISLAI	ND RENTAL, RE	AL ESTATE, AND DEV	ECOPINEI III				
5. Principal office of	address ICKeH Crech		EAST GREEN	wich RI	02818		
		LITY COMPANY AND					
Contact Name	<b>.</b> _		Contact 11tle				
J.60	RALD MARSO	*C/					
	Except Crecke		FAST GREET	wach RI	02818		
7. NAME AND	7 -4 4	GER OF THE LIMITE	D LIABILITY COMPANY, IF	APPLICABLE			
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	ANY MODIFICATIONS TO	MANAGERS REQUI	RES FILING OF AMENDMEN	iT, R.I.G.L. 7-16-12 (a)	(2) / 7-16-52		
Manager Name			Manager Name				
			Comment of the same				
Street Address			Street Address				
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Street Address  City	State	Zip	City	State	Zψ		
	State	Zip		State	Ζφ		
	State	Zip		State	Ζψ		
City  Manager Name	State	Zip	City Manager Name	State	Ζίρ		
City	State	Zip	City	State	Ζίρ		
City  Manager Name  Street Address	State		City Manager Name	State State	Zip Zip		
City  Manager Name		Zip	City  Manager Name  Strivet Address				
City  Manager Name  Street Address  City	State	Zip	City  Manager Name  Strivet Address	State	Zip		
City  Manager Name  Street Address  City	State	Zip	City  Manager Name  Strict Address  City	State	Zip		
City  Manager Name  Street Address  City  8. RESIDENT	State AGENT IN RHODE ISLAND	Zip	City  Manager Name  Strict Address  City  hanges require filing of Fo	State	Zip		
City  Manager Name  Street Address  City  8. RESIDENT / Agent Name	State AGENT IN RHODE ISLAND	Zip	City  Manager Name  Strict Address  City  hanges require filing of Fo	State orm 642 - R.I.G.L. 7-16	Zip		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 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.
File Date 4 6 65°96619°  Check No. 2023  By: DA  FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person  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 \_

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FITTING PETTOR: SE (FORM MUST BE T	-		Flung Pee. 330	<u>-</u>				
1. ID No		2. Exact name of the limited liability company						
96619		Mars Realty, LLC  4. Brief description of the character of the histness which is actually conducted in Rhode Island						
3. State of Formation	on				de Island			
RHODE ISLAI	ОИ	RENTAL, R	EAL ESTATE, AND DE	VELOPMENT				
5. Principal office of	uddress UKett	-Gredi		E. Greenun	ch say	[ 028/F		
6. MAILING AD	DDRESS OF L	IMITED LIAB	ILITY COMPANY ANI	D NAME OR TITLE OF CONTACT	PERSON:			
Contact Signe GERALD MARSOCCI				Contact Pile  MANAGER	2			
Street Address	DICKEH	L-CIRCI	//	E Greenwich	R.I	5288		
7. NAME AND	ADDRESS OF	EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF APP	LICABLE			
		FILL IN SI	PACES BEFORE USING		OR ATTACHMENT,			
	ANY MODI	FICATIONS T	O MANAGERS REQUI	IRES FILING OF AMENDMENT, I	R.I.G.I 7-16-12 (a	a) (2) / 7-16-52		
Manager Name				Manager Name				
Street Address		_	<del>-</del>	Street Address	<del></del>			
				:				
City		State	Zip	Chy	State	Zip		
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Manager Name	• • • • • • • • • • • • • • • • • • • •	1		Manager Name		•		
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Street Address				Street Address	Street Address			
City		State	Zip	City	State	7.1р		
		1	. I.		1	_ !		
	AGENT IN RH	ODE ISLAND	- DO NOT ALTER - C	Changes require filing of Form	642 - R.I.G.L. 7-1	6-11		
Agent Name				Address		•		
S. GERALD MA	RSOCCI					V 000		
Address				City		Zip - 3 5 7 70		
45 HUNTING H	OUSE LANE			NORTH SCITUATE		02857 60 3 60		
				<u> </u>				
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						5 30		
						延 望		

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



	FILED
File Date	
	SEP 2 9 2004
Check No.	
Bv:	By McHall 2
	FOR SECRETARY OF STATIC USE ONLY

der penalty of perjury, I declare and affirm that I have examined this report
cluding any accompanying schedules and statements, and that all statements
ntained herein are true and correct.

Produce of Authorized Person Date

S GRALD MARSOCCI

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 -

Gorporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_2003

1 II) No. 96619	2. Exact name of the limited liability company Mars Realty, LLC			
3. State of Formation	4. Brief description of the character	of the business which is actually conducted in	Rhode Island	
RHODE ISLAND	RENTAL, REAL ESTATE, AN	ID DEVELOPMENT	<u></u>	
5. Principal office ac	iting House LU	V. Sc, Tuste	R.I	D2857
6. MAILING AD	DRESS OF LIMITED LIABILITY COMPAN	NY AND NAME OR TITLE OF CONTA : Contact Title	ACT PERSON:	
Contact Syme Ge	RALD MARSOCCI	MANAGE	R	
<u>-</u> -	UTING HOWE LN	N. Scituat	state RI	21p 02 \$57
, NAME AND A	DDRESS OF EACH MANAGER OF THE I FILL IN SPACES BEFORE ANY MODIFICATIONS TO MANAGERS	FISING ATTACHMENTS ("X" BOX	X FOR ATTACHMENT) 🔲 🗆	/ 7-16-52
dan		Manager Name		-
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Sin		אטון נד	ואט ואטעור שו	· · · · · · · · · · · · · · · · · · ·
Carrie	1 7/h	2		1210.
( <b>y</b> . <del></del>		Manager Name	<u> </u>	
Process Addresses	<u> </u>	Sired Address		<del></del>
<u>رس ب س ب ب ب ب</u>	I star	City	State	Z(p
8. RESIDENT A Agent Name S. GERALD MAR	GENT IN RHODE ISLAND - DO NOT AL	TER - Changes require filing of Fo	 	· · · · · · · · · · · · · · · · · · ·
Address	JSE LANE	One NORTH SCITUATE	Zip 02	857

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

	* 9 6 6 1 9	*
File Date _	9/30/03	
Check No	1-140	
By:	OR SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and affirm that I had under penalty of perjury, I declare and affirm that I had needed a perjury in the penalty of pen	ave examined this report.
contained herein are true and correct.	9-903
I ffllle	Wole_
S. Genaw MARSOCO	• •
Print or Type Name of Authorized Person	<del></del>



Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septe FORM MUST BE TYPI			Filing Fee: \$50.00					
I. ID No.	2. Exact name of t		bilty company					
96619	4	Mars Realty, LLC						
3. State of Formation 4. Brief description of the character of the business				ess which is actually conc	ducted in Rho	de Island		
RHODE ISLAND			STATE, AND DEVELO				_	
5. Principal office address 45 HUN	TING HOU	ise C	ANE	N. Scitual	ke	State		02£57
6. MAILING ADD	RESS OF LIMIT		LITY COMPANY	AND NAME OR TIT	TLE OF C	<u>ONTĄCT P</u>	ERSON:	
Contact Name	14			Contact Title				
V Gel	ACD MI	4 RSOC	0/	·MANA	6EIL			
Street Address		- <del>-</del>		City		State		Zip
				·				
7. NAME AND ADD	FILL 1	IN SPACES I	BEFORE USING AT	ED LIABILITY CO TACHMENTS ("X" FILING OF AMENDME	BOX FOR A	ITTACHMEN1		<u> </u>
Manager None				· Manager Name				
( GRAGE MANSOCCI			1 AINT	PAICA	MAR	sico/		
Street Address	16 House	CANE	,	· Sircet Address	tine;	House	LANC	,
9. Scituat	State R.J.	~	02457	NSatur	etc	State		8245)
Manager Name  ) AV/) (	S. MAR	rocc/		*Manager Name  *Street Address	<del></del> . —			
Sirce Address	1100 (010	,		*Sircei Adaress				
136 000	KPL CANO		17in	City		State		Zip
U.SciTUAL	$\mathcal{R}_1$		82857	· · · · · · · · · · · · · · · · · · ·				
	NT IN RHODE IS	LAND -DO	NOT ALTER- Chan	ges require filing	of Form	642 - R.I.G.I	7-16-11	. <del> </del>
Agent Name				Address				
S. GERALD MARSO	CCI							
Address			City	Zip				
[/tuu/caa	DUSELANE		NORTH SCITUATE 02			02857		
45 HUNTING HOUSE	LANE							

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



File Date	4-16-02
Check No.	1689
By:	rmc
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjupt 1 declare and affirm that I have examined
this apport, including any accompanying schedules and statements,
and that all statements coptained herein are true and correct.
1/1/1/1
I Silliano
A Mulau
Signature of Authorized Person Date
COURSE MARRICO
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

- 14m s



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 96619</u>	Annual Report for the year 2001
1.	The name of the limited liability compan	y is:
	Mars Realty, LLC	
2.	The address of the principal office of the	./ /
3.	The state or other jurisdiction under the	laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident a	gent is: S. GERALD MARSOCCI
	45 HUNTING HOUSE LANE NORTH S	SCITUATE RI 02857
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications
	may be directed are:	NING HOUSE LAND N. SCITUATI RI OUF ST MARSOCCI MANAGER
6.	A brief statement of the character of the state:	the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has mana	agers, the name and address of each manager of the limited liability company  Address
	S. GERKA MARSOCCI	45 HURTING HOWE LAND N. SCITUATE RETORD
	DAVID G. MANSOCCI	_ 7/AUNI NET NOST CARO TO SCITUATE RECIONS
Da	ated	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.    ARS   Last Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: 3-30-0/	Manager Title
Ву	1827	Form No. 632 Revised 01/99

Filing Fee: \$50.00

### To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID	Number DLLC 96619	Annual Report for the year 2000
1.	The name of the limited liability compa	ny is:
	Mars Realty, LLC	
2.	The address of the principal office of the	
	45 HUNTING T	House LANE N. Scituate, R.I. 02557
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: S. GERALD MARSOCCI
	45 HUNTING HOUSE LANE NORTH	SCITUATE RI 02857
5.		ited liability company and the name or title of a person to whom communications
	may be directed are: 45 Hin	DWG HOUSE LAND N. ScITUATE RT 02557
	S'GERALD	MARSOCCI MANAGER
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this
	state: Realth	Replistete & Development
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company  Address
	S GERALD MARSOCCI	45 HUNTING HOUSE CANO W. Scrtente REDS
(	CAUSTANCE MARSOCCE	_ 45 HOLTING HOUSE CANO USCITUATE RT 02857
7	DAULD G. MARSOCCI	156 GUAKET LAVE & SOTUATERE 02557
	ated 9-12-00	
Dε	sted 973-00	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
	FE FELLO DILLO BILLO FLOID FOR	that all statements contained herein are true and correct.
		MARS Kealty LLC
	, , , ,	Exact Name of Liprited Liability Company
File	FOR SECRETARY OF STATE USE ONLY  Date: 9//3	By Clllumous
Che	cck No.: 16 25	Managle
Ву		Form No. 632 Revised C1/99

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY					
ID	Number <u>LL 96619</u>	Annual Report for the year 1999			
1.	The name of the limited liability company is				
2.	·	ANE N. Sc. TUATERI 02557			
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND			
4.	The name and address of its resident agen	t is: S. GERALD MARSOCCI			
	45 HUNTING HOUSE LANE NORTH SCI	TUATE, RI 02857			
5.	may be directed are: 45 HUNT	NE House Lave  R.L. 02552			
6.	$\langle \cdot \rangle$	business in which the limited liability company is actually engaged in this			
7.	If the limited liability company has managed Name  S. GERALD MARSOCC,  CONSTANCE MARSOCC,  DAVID G. MARSOCC,	Howard address of each manager of the limited liability company  Address  45 HUNTING HOUSE LN N. SCITUATE RI ODEN  156 QUAKER LAND N. SCITUATO RIJERY			
Fil	FOR SECRETARY OF STATE USE ONLY to Date: 9-24-99  seck No.: 1464	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.    ARC   Lability Company			
D	AMF	Revised 01/99			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ΙD	Number LL 96619	Annual Report for the year 1998
1.	The name of the limited liability comp	pany is:
	Mars Realty, LLC	
2.	The address of the principal office of ### ################################	the limited liability company is:  House Abol V. Scituate RI 02557
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resider	nt agent is: S. GERALD MARSOCCI
	45 HUNTING HOUSE LANE NORT	TH SCITUATE, RI 02857
5.	•	the limited liability company and the name or title of a person to whom e: 45 HUNTING HOUSE LANC
		North SciTuate RI 02157
6.	A brief statement of the character of state:	of the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has m	nanagers, the name and address of each manager of the limited liability company  Address
	S'. GENALD MAKSOCCI	45 HUNTING HOUSE LANG N. SOFATE RICORRS
	DAMO 6 MARSOCC	156 QUAYER LANG N. S. TUATE RI 0245)
Da	ated 8/35 19 <u>98</u>	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.    MARS   La
	FOR SECRETARY OF STATE USE ONLY  Date: 9 19	By Colluanou
Ву:	eck No.: \JUD	Managel. Title