

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 TYPE	D OR PR	INTED IN BLACK)	3				
1. ID No 136120		name of the limited liability company nan Realty, LLC					
3 State of Formation	•			business which is actually conducted in			
RHODE ISLAND OWN, DEVELOPE, PURCHASE, SE			SEE AND DEAL IN & WITH F	E AND DEAL IN & WITH REAL ESTATE			
5. Principal office addre	32			City	State	-	Zip
ONE LACROIX DRIVE, SUITE 1				WEST WARWICK	RI		02893-
6.MAILING ADDE	ESS O	F LIMITED LIA	BILITY COMPA	YANDINAME OR TITLE O	F CONTACT.	erson:	
Contact Name				Contact Title			
JOSEPH P. MA	ARRINA	N, III		•			
Sireei Address			·	City	State		Zıp
ONE LACROIX D	RIVE,	SUITE 1		. WEST WARWICK	RI		02893
7. NAME AND ADI	ORESS	OF EACH MAN	AGER OF THE L	IMITED LIABILITY COMPA	NY. IF. APPL	ICABLE***	
	ANY MO	FILE IN SPACE	S BEFORE USING MANAGERS REQUI	ATTACHMENTS (X" BÓX FOI RES FILING OF AMENDMENT R.L.	G.L.7-16-12 (a) (	) []	
Manager Name				• Manager Name			
NONE				•			
Street Address			Street Address	• Street Address			
ll.				•			
City		State .	Zip	*City	State		Žip
			l				J <i>.</i>
Manager Name				*Manager Name			
Street Address		·		• Street Address			
CAPTER PIBURGA				e			
City		State	Zip	City	State		Zip
				:			
8. RESIDENT AGEN	TINR	ODE ISLAND L	ONOT ALTER Ch	anges require filing of For	m 642 Ril.Gi	7-16-11	
Agent Name				Address			
E. COLBY CAME	RON			56 EXCHANGE TERR	ACE		
Address			City	City		Zip	
			PROVIDENCE	PROVIDENCE		02903-	
				· · · · · · · · · · · · · · · · · · ·		•	

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

1 3 6 1 2 0		Under penalty of perjury, I declare and affirm that I have examined this report/including any accompanying schedules and statements,
*136120 DLLC 09/13/05 11:13:53 AM*		and that all statements contained befein are true and correct
File Date	علاا	10/3/05
Check No. NOV 1 / 100	1 10 18	Signature of Mahorized Person Date
FOR SECRETARY OF STATE USE OVERY	C/ 470°	JOSEPH P. MARRINAN, III  Print or Type Name of Authorized Person
FOR SECRETARY OF STATE USE ONLY	1	Form 632 Rev. 6/02



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Filing Feriou: Se FORM MUST BE T	•		CK)	0.00			
<i>I. ID No.</i> 136120	2. Exact	ct name of the limited liability company nan Realty, LLC					
3. State of Formation	1	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAN	ID	OWN, DEVI	ELOPE, PURCHASE	, SEE AND DEAL IN & WITH I	REAL ESTATE		
5. Principal office address ONE LACROIX DRIVE, SUITE 1				City WEST WARWICK	Siate RI	<i>Zip</i> 02893 -	
	·						
6. MAILING AU Contact Name JOSEPH P.			LIABILITY COMP	ANY AND NAME OR TITLE O	ĸ <u>¯ĊŎŸĬ</u> ŸĊŢ	PERSON:	
Street Address				City	State	Zip	
ONE LACROIX	K DRIVE,	SUITE 1		. WEST WARWICK	RI	02893	
Manager Name		FILL IN SE	ACES BEFORE USIN	LIMITED DIABILITY COMPA G ATTACHMENTS ("X" BOX FO. UIRES FIUNG OF AMENDMENT. R.I Manager Name	R ATTACHMEN'	ח 🗖	
NONE			•	•			
Street Address				· Street Address			
City	<del> </del>	State	Zip	City	State	Zip	
Manager Name	• • • •	J	!	*Manager Name	l		
Street Address		-		·Street Address			
City		State	Zip	City	State	Zip	
8. RESIDENT AC	CENT IN R	HODE ISLAN	D -DO NOT ALTER- C	hanges require filing of For	m 642 - R.I.G	L. 7-16-11	
-	VEDON.				DACE.		
E. COLBY CA	MERUN	· <del></del>		56 EXCHANGE TERM		Zip	
711	Address			City	PROVIDENCE		
Address						02903-	

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



*136120 DLL	C 08/31/04 11:13:53 AM*			
File Date	7/17/04			
Check No.	6264			
B <u>v:</u>	DA			
FOR SECRETARY OF STATE USE ONLY				

this report, including any accompanying schedules and sta	
and that all statements contained berein are true and corre	
hereful di	9/3/04
fightiure of Authorized Person Date	, ,
JOSEPH P. MARRINAN, III	

Print or Type Name of Authorized Person