



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. 118820		2. Exact name of the limited liability company Cedarhurst Realty Associates, 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 DEVELOPMENT			
5. Principal office address 3040 PAWTUCKET AVENUE, UNIT D-115			City RIVERSIDE	State RI	Zip 02915-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID P SUGARMAN			Contact Title MEMBER		
Street Address 3040 PAWTUCKET AVENUE, UNIT D-115			City RIVERSIDE	State RI	Zip 02915-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS. BOX FOR ATTACHMENT</b> <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (e) (2) / 7-16-52					
Manager Name			* Manager Name		
Street Address			* Street Address		
City	State	Zip	City	State	Zip
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 - R.I.G.L. 7-16-11					
Agent Name BRUCE A. WOLPERT, ESQ.			Address 10 DORRANCE STREET		
Address			City PROVIDENCE	Zip 02903-	

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



1 1 8 8 2 0

\*118820 DLLC 09/13/05 03:47:45 PM\*

File Date 10/11/05

Check No. 2441

By: MW

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.

David P. Sugarman 9/23/05  
Signature of Authorized Person Date

David P. Sugarman  
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  
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100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Contact Name DAVID P. SUGARMAN			Contact Title MEMBER		
Street Address 3040 PAWTUCKET AVENUE, UNIT D-115		City RIVERSIDE	State RI	Zip 02915-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		Manager Name N/A			
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 - R.I.G.L. 7-16-11					
Agent Name BRUCE A. WOLPERT, ESQ.		Address 10 DORRANCE STREET, SUITE 530			
Address WOLPERT & GERSTENBLATT, INC.		City PROVIDENCE	Zip 02903-		

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



1 1 8 8 2 0

\*118820 DLLC 08/30/04 02:49:30 PM\*

File Date 9/24/04

Check No. 2238

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.

David P. Sugarman 9/22/04  
Signature of Authorized Person Date

David P. Sugarman  
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 118820		2. Exact name of the limited liability company Cedarhurst Realty Associates, 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 DEVELOPMENT	
5. Principal office address 3040 PAWTUCKET AVENUE, UNIT D-115		City RIVERSIDE	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID P. SUGARMAN		Contact Title MEMBER	
Street Address 3040 PAWTUCKET AVENUE, UNIT D-115		City RIVERSIDE	State RI
		Zip 02915	
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Manager Name N/A		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
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Manager Name		*Manager Name	
Street Address		*Street Address	
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Manager Name		*Manager Name	
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City	State	Zip	*City
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Manager Name		*Manager Name	
Street Address		*Street Address	
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Manager Name		*Manager Name	
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Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
Manager Name		*Manager Name	
Street Address			



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>118820</b>		2. Exact name of the limited liability company <b>Cedarhurst Realty Associates, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real Estate Development</b>	
5. Principal office address <b>3040 Pawtucket Avenue, Apartment No. 115</b>		City <b>Riverside</b>	State <b>RI</b>
		Zip <b>02915</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>David P. Sugarman</b>		Contact Title <b>Member</b>	
Street Address <b>3040 Pawtucket Avenue, Apartment No. 115</b>		City <b>Riverside</b>	State <b>RI</b>
		Zip <b>02915</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>N/A</b>		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>BRUCE A. WOLPERT, ESQ.</b>		Address <b>Wolpert &amp; Gerstenblatt, Inc.</b>	
Address <b>10 DORRANCE STREET, SUITE 530</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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



\* 1 1 8 8 2 0 \*

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.

*David P. Sugarman* 10/24/02  
Signature of Authorized Person Date

**David P. Sugarman**  
Print or Type Name of Authorized Person

File Date	<u>10.25.02</u>
Check No.	<u>1849</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	