

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

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FORM MUST BE TYPED OR		ilted liabilty company			•
<i>t: ID No.</i>	Level Realty, L	ĽC			·
3. State of Formation	4. Brief descrip	tion of the character of the	business which is actually conducted	in Rhode Island	
RHODE ISLAND	TO BUY, S	ELL, LEASE, DEVEI	LOP,OWN AND OTHERWISE I	EAL WITH REAL E	STATE
5. Principal office address			City	State	Zip
51 TOMAHAWK TRAIL			WAKEFIELD	RI	02880-
	OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	SON:
Contact Name			Contact Title		
BRIAN A LIND			·	<u> </u>	12:-
Sireci Address			City	State RI	Zip 02830-
51 TOMAHAWK TRAII			. WAKEFIELD LIMITED LIABILITY COM	1	I
ANY	MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT.	FOR ATTACHMENT) 🛮 R.I.G.L 7-16-12 (a) (2) /	
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Manager Name Brian A. Lind	MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT. (• Manager Name • •		
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Manager Name Brian A. Lind Street Address	MODIFICATIONS	TO MANAGERS REQU	RES FILING OF AMENDMENT. · Manager Name · · Street Address ·	R.I.G.L 7-16-12 (a) (2) /	7-16-52
Manager Name Brian A. Lind Sirees Address Sl Tomahawk Trai	MODIFICATIONS L State	Zip	IRES FILING OF AMENDMENT. (• Manager Name • •		
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And Manager Name Brian A. Lind Street Address 51 Tomahawk Trai: City Wakefield Manager Name	MODIFICATIONS L State	Zip	RES FILING OF AMENDMENT. · Manager Name · · Street Address ·	R.I.G.L 7-16-12 (a) (2) /	7-16-52
Manager Name Brian A. Lind Siree Address 51 Tomahawk Trai Cin Wakefield Manager Name	MODIFICATIONS L State	Zip	RES FILING OF AMENDMENT. Manager Name Street Address City	R.I.G.L 7-16-12 (a) (2) /	7-16-52
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Manager Name Brian A. Lind Siree Address 51 Tomahawk Trai City Wakefield	State RI	Zip 02880	RES FILING OF AMENDMENT. Manager Name Street Address City Manager Name Street Address	R.I.G.L 7-16-12 (a) (2) /	7-16-52 Zip
Manager Name Brian A. Lind Street Address 51 Tomahawk Trai City Wakefield Manager Name Street Address City 8. RESIDENT AGENT IS	State RI State	Zip 02880	**Sirect Address **City **Manager Name **City **Manager Name **Street Address **City **City **Treet Address **City	State State	7-16-52 Z ₁ p Z ₁ p
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Manager Name Brian A. Lind Street Address 51 Tomahawk Trai City Wakefield Manager Name Street Address City 8. RESIDENT AGENT IS Agent Name RUSSELL R. SICARI	State RI State RI RHODE ISLAT	Zip 02880	Annager Name Street Address City Manager Name City Manager Name City Address Address 400 RESERVOIR	State State	Zip Zip Zip
Manager Name Brian A. Lind Street Address 51 Tomahawk Trai Ciry Wakefield Manager Name Street Address City 8. RESIDENT AGENT IS	State RI State RI RHODE ISLAT	Zip 02880	**Nanager Name **Street Address **Cuty **Manager Name **Street Address **City **Address **City **Address	State State	Zip

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



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File Date 11-19-05					
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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.

Sru- A

Brian A. Lind

Signature of Authorized Person

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401.222.304

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

D LIABILITY COMP MANAGER OF THE SPACES BEFORE USIN IS TO MANAGERS REC	City WAKEFIELD PANY AND NAME OR TI Contact Title Manager City Wakefield E LIMITED LIABILITY (NG ATTACHMENTS ("X" I DUIRES FILING OF AMENDME Manager Name Street Address City	State RI TLE OF CONTACT PE State RI COMPANY, IF APPLICATION OF ATTACHMENT)	Zip 02880 - ERSON: Zip 02880 CABLE.			
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1 '	•					
02880						
	Manager Name					
	•Street Address		·			
Zip	·City	State	Zip			
ND -DO NOT ALTER- (Changes require filing	of Form 642 - R.I.G.L.	. 7-16-11			
	Address					
RUSSELL R. SICARD, ESQ.			400 Reservoir Avenue, Suite 1K			
Address			Zip			
			02907			
A	AND -DO NOT ALTER-	Address 400 Reserv City	400 Reservoir Avenue, Suit			

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



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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

Signature by Allinorized Fersor

Brian L. Lind

Print or Type Name of Authorized Person