



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. 129520		2. Exact name of the limited liability company Tri-Level Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO BUY, SELL, LEASE, DEVELOP, OWN AND OTHERWISE DEAL WITH REAL ESTATE	
5. Principal office address 51 TOMAHAWK TRAIL		City WAKEFIELD	State RI
		Zip 02880-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name BRIAN A LIND Contact Title			
Street Address 51 TOMAHAWK TRAIL		City WAKEFIELD	State RI
		Zip 02830-	
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 Brian A. Lind		• Manager Name	
Street Address 51 Tomahawk Trail		• Street Address	
City Wakefield	State RI	Zip 02880	• City
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 RUSSELL R. SICARD, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 1K	
Address		City PROVIDENCE	Zip 02907-

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



1 2 9 5 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.

Signature of Authorized Person Brian A. Lind Date 9/09/05

Brian A. Lind

Print or Type Name of Authorized Person

129520 DLLC 09/07/05 10:54:27 AM

File Date 11-14-05

Check No. 328

By: CXC

FOR SECRETARY OF STATE USE ONLY



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 02903-133
401.222.304

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No. 129520		2. Exact name of the limited liability company Tri-Level Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To buy, sell, lease, develop, own and otherwise deal with real estate			
5. Principal office address 51 TOMAHAWK TRAIL		City WAKEFIELD	State RI	Zip 02880-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Brian A. Lind		Contact Title Manager			
Street Address 51 Tomahawk Trail		City Wakefield	State RI	Zip 02880	
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 Brian A. Lind		Manager Name			
Street Address 51 Tomahawk Trail		Street Address			
City Wakefield	State RI	Zip 02880	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 RUSSELL R. SICARD, ESQ.		Address 400 Reservoir Avenue, Suite 1K			
Address		City Providence		Zip 02907	

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



1 2 9 5 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.

Signature of Authorized Person Date

Brian L. Lind

Print or Type Name of Authorized Person

129520 DLLC 11/08/04 11:07:39 AM

File Date 11/24/04

Check No. 212

By: VS.

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