

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State \cdot

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September (FORM MUST BE TYPED OR I		Filing Fee: \$50.00					
	Exact name of the limited line (opane Realty, LLC	name of the limited liability company ne Realty, LLC					
3 State of Formation RHODE ISLAND 4. Brief description of the character of the histness wh DEVELOPMENT, ACQUISTION, CONSTRCT			bleb is actually conducted in Rhode Island UITON, OWNERSHIP, SALE OR LEASE OF REAL ESTATE				
5. Principal office address			City	State	ZIp		
375 Commerce Park Road			North Kingstown	RI	02852		
	onforti	Y COMPANY AND NAMI	E OR TITLE OF CONTACT PER Contact Title Manager	ISON:			
Street Address			City	State	Zψ		
375 Co	mmerce Park Roa	ıd	: North Kingstown	RI	02852		
	FILL IN SPACE	S BEFORE USING ATTA	BILITY COMPANY, IF APPLICA CHMENTS ("X" BOX FOR A LING OF AMENDMENT, R.I.G.	TTACHMENT)	_		
Manager Name Marc Perlman			Munager Name Alan Perlman				
375 Commerce Park Road			375 Commerce Park Road				
City	State	Zip	City	State	Zíp		
N. Kingstown.	lRJ	02852	N. Kingstown	lRI	J 02852		
Manager Name			Manager Name				
John Conforti			Street Address				
	nmerce Park Roa	d	i direct related				
City	State	Zip	City	State	Zip		
N. Kingstown 8. RESIDENT AGENT IN Agent Name ANDREW G. SHOLES, ESQ		02852 NOT ALTER - Changes	s require filing of Form 642 Address	 - R.I.G.L. 7-16-	-11		
1375 WARWICK AVENUE			WARWICK	210 02888-			

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

	·132321·	
File Date _	10.05.05	
Ву:	OR 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.

Signature of Authorized Person

John D. Conforti

Print or Type Name of Authorized Person



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 2004

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

(FORM MUST BE TYPED O	R PRIN	TED IN BLACK)						
1. ID No	2. Exact	at name of the limited hability company						
132321	Zakon	ane Realty, LLC						
3. State of Formation	•	4. Brief description of t	be character of the business	which is actually conducted in Rhyde Is	land			
RHODE ISLAND		Development,	_acquisition,	construction, owners	hip, sale	or leas	se of real esta	
5. Principal office address		_		City	State	· · · · · · · · · · · · · · · · · · ·	Zip	
360 Callahar 6. MAILING ADDRESS Contact Name	Roa For Li	d Imited Liability	COMPANY AND NAM	North Kingstown	RSON:	RI	02852	
			Contact Title					
John Conforti			Manager					
360 Callahan Road				North Kingstown	State	RI	Zip 02052	
7. NAME AND ADDRE	SS OF	EACH MANAGER	OF THE LIMITED LIA	BILITY COMPANY, IF APPLIC	ARIE	K1	02852	
		FILL IN SPACES	BEFORE USING ATT	ACHMENTS ("X" BOX FOR	ATTA CHMEN	n 🗆		
ANY	MODII	FICATIONS TO MA	NAGERS REQUIRES I	FILING OF AMENDMENT, R.I.O	G.L. 7-16-12 (a) (2) / 7-1	6-52	
Manager Name				Manager Name	Manager Name			
<u>Marc Perlman</u>				Alan Perlman				
Street Address	_			Street Address				
360 Callahan	Road			360 Callahan Road	1			
North Kingsto	พก	State RI	^{Zip} 02852	Guy North Kingstown	State RI		Zip 02852	
Manager Name John Conforti		•	***********************	Manager Name	• • • • • • • • • • • • • • • • • • • •	•		
Siner Address 360 Callahan Road			Street Address					
				<u> </u>				
North Kingsto	wn	State RI	02852	Gliy	State		Zip	
8. RESIDENT AGENT I Agent Name	IN RHO	DDE ISLAND - DO	NOT ALTER - Change	es require filing of Form 642	R.I.G.L. 7-1	16-11	•	
ANDREW G. SHOLES, F.	SO							
Address				Gity		Zip	 -	
1375 WARWICK AVENUE			WARWICK					
		_				1 02000.		
						Æ	20.	
						r	ILED	

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

File Date	10.11152 2 87	63
Check No	Mis digital	. (). 13
By:	OZVIZOZI ZVIZOZIVE ZVIZOZI	;
FOR SECRETARY OF STATE US	P	

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.

Date

Signature of Authorized Person

John Conforti

Print or Type Name of Authorized Person