



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. 132321 | | 2. Exact name of the limited liability company Zakopane Realty, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT, ACQUISITION, CONSTRUCTION, OWNERSHIP, SALE OR LEASE OF REAL ESTATE | |
| 5. Principal office address 375 Commerce Park Road | | City North Kingstown | State RI |
| | | | Zip 02852 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name John Conforti | | Contact Title Manager | |
| Street Address 375 Commerce Park Road | | City North Kingstown | State RI |
| | | | Zip 02852 |
| 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 Marc Perlman | | Manager Name Alan Perlman | |
| Street Address 375 Commerce Park Road | | Street Address 375 Commerce Park Road | |
| City N. Kingstown | State RI | City N. Kingstown | State RI |
| Zip 02852 | | Zip 02852 | |
| Manager Name John Conforti | | Manager Name | |
| Street Address 375 Commerce Park Road | | Street Address | |
| City N. Kingstown | State RI | City | State |
| Zip 02852 | | 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 ANDREW G. SHOLES, ESQ. | | Address | |
| Address 1375 WARWICK AVENUE | | City WARWICK | Zip 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 |
| Check No. | 803953 |
| By: | 10P |
| 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.

Signature of Authorized Person
Date
9/20/05
John D. Conforti
Print or Type Name of Authorized Person



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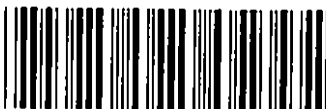
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| 1. ID No 132321 | | 2. Exact name of the limited liability company Zakopane Realty, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Development, acquisition, construction, ownership, sale or lease of real estate | |
| 5. Principal office address 360 Callahan Road | | City North Kingstown | State RI |
| | | Zip 02852 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name John Conforti | | Contact Title Manager | |
| Street Address 360 Callahan Road | | City North Kingstown | State RI |
| | | Zip 02852 | |
| 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 | | | |
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Signature of Authorized Person
Date

John Conforti

Print or Type Name of Authorized Person