

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) 2. Exact name of the limited liabilty company I. ID No. 118522 SAMMY D. REALTY, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RENTAL REAL ESTATE RHODE ISLAND State 5. Principal office address **PAWTUCKET** RI 600 MOSHASUCK VALLEY INDUSTRIAL HIGHWAY 02860-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name GREENBERG MARK City Street Address State Zip .NORTH QUINCY MA 02171-C/O NETTTS 500 VICTORY ROAD 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name <u>Mark Greenberg</u> · Street Address Street Address 500 Victory Road State City Zip . . . North Quincy Manager Name Manager Name ·Street Address Street Address Zip Stole State City Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address CT CORPORATION SYSTEM 10 WEYBOSSET STREET City Zip Address **PROVIDENCE** 02903-

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



this ro

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

Mark Greenberg

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 632 Rev. 6/02

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| LIMITED I Filing Period: Sep. | IABI. tember 1 | LITY COM! '- November 1 • | PANY ANN Filing Fee: \$50. | UAL REPORT FO | R THE Y | EAR | |
|--|-------------------------|--|-------------------------------|--|------------------------------------|---|--|
| (FORM MUST BE TY | PED OR P | RINTED IN BLACK) | | | | | |
| <i>I. ID №</i> . 118522 | | ct name of the limited liability company MY D. REALTY, LLC | | | | | |
| 3. State of Formation | 1 | | | nusiness which is actually conducted i | n Rhode Island | <u> </u> | |
| RHODE ISLAND RENTAL REAL ESTATE | | | , | | | | |
| 5. Principal office ad | dress | <u></u> | | City | State | Zip | |
| 600 MOSHASUCK VALLEY INDUSTRIAL HIGHWAY | | | PAWTUCKET | RI | 02860- | | |
| 6. MAILING AD Contact Name MARK GREENB | | OF LIMITED LIAB | BILITY COMPAN | Y AND NAME OR TITLE (Contact Title | OF CONTACT I | PERSON: | |
| Street Address | | | | City | State | Zip | |
| C/O NETITS 500 VICTORY ROAD 7. NAME AND AUDRESS OF EACH MANAGER OF THE LI | | | | NORTH QUINCY | MA | 02171- | |
| A NAME AND A | | FILL IN SPACES | BEFORE USING | | OR ATTACHMENT |) [| |
| Manager Name | | | | • Manager Name | | | |
| Mark Green | berg | | | <u> </u> | | | |
| Sircei Address | EAA | W4 | | • Street Address | | | |
| City | <u>. 200</u> | Victory Road State | Zip | *City | State | Zip | |
| North Quin | су | J MA | 02171 | : Manager Name | | | |
| Street Address | _ | | | ·Street Address | - | | |
| City | | State | Zip | City | State | Zip | |
| 8. RESIDENT ACE 1gent Name CT CORPORAT Address | | | NOT ALTER- Cha | nges require filing of Fo Address 10 WEYBOSSET ST City | | 7-16-51 Zap | |
| | | | | PROVIDENCE | | 02903- | |
| This report must b | e signed | 'in ink by an auth | norized person pu | ırsuanı to 7-16-66. | | | |
| | 1 1 8 | 5 2 2 | | | | | |
| *118522 DLLC (File Date / / / Check No.) / - |)8/31/04) 7 /1 L | 03:30:42 PM* | | Under penalty of perj this report, including and that all statement Signature of Authorized | any accompanyings contained herein | affirm that I have examined g schedules and statements, are true and correct. Date | |
| FOR SECRETARY OF | STATE U | ISE ONLY | | Mark Greenbe Print or Type Name of A | rg Luthorized Person | | |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

| | LIMITED L | IABILITY COMPANY | | | | |
|-----|--|---|--|--|--|--|
| ID | 1D Number_ 1185ZZ | Annual Report for the year2003 | | | | |
| ţ | The name of the limited liability company is: | | | | | |
| | Sammy D Realty LLC | | | | | |
| 2 | 2 The address of the principal office of the limited lia | ability company is: | | | | |
| | _600 Moshasuck Valley, Industrial Hig | | | | | |
| 3 | 3 The state or other jurisdiction under the laws of wh | ich it is formed is: Phodo Tolona | | | | |
| 4 | The name and address of its resident agent is: 10 Weybosset Street, Providence, RI 02903 | | | | | |
| 5 | communications may be directed are: Mark Gre | ability company and the name or title of a person to whom enberg, Managing Member, Sammy D Realty, LLC | | | | |
| | c/o NETTTS, 500 Victory Road, N. Qui | псу, МА 02171 | | | | |
| 6 | 6 A brief statement of the character of the busines | s in which the limited liability company is actually engaged in this | | | | |
| | state Rental Real Estate | | | | | |
| 7. | If the limited liability company has managers, list t | ne name and address of each manager: | | | | |
| | Name | Address | | | | |
| | Mark Greenberg c/o | NETTTS, 500 Victory Road, N. Quincy, MA 02171 | | | | |
| | | | | | | |
| Dal | that a | penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and I statements contained herein are true and correct. SAMMY D. IZEALTY LLC Exact Name of Limited Liability Company Title | | | | |
| | Form No. 632 Revised - 01/99 | Title | | | | |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

| ID Numl | ber 118522 | Annual Report for the year2002 | | | | |
|---|---|--|--|--|--|--|
| The r | name of the limited liability compar | ny is. | | | | |
| <u>Sa</u> | mmy D Realty LLC | | | | | |
| | The address of the principal office of the limited liability company is: | | | | | |
| | | rial Highway, Pawtucket, RI 02860 | | | | |
| | The state or other jurisdiction under the laws of which it is formed is: Rhode Island | | | | | |
| | The name and address of its resident agent is: 10 Weybosset Street, Providence, RI 02903 CT Corporation System | | | | | |
| comr L. <mark>c/</mark> c 5 A bri | nunications may be directed are: | Inmited fiability company and the name or title of a person to whom Mark Greenberg, Managing Member, Sammy D Realty, LLC, N. Quincy, MA 02171 The business in which the limited hability company is actually engaged in this | | | | |
| | Rental Real Estate | | | | | |
| | Name | agers, list the name and address of each manager: | | | | |
| <u>Mar</u> | k Greenberg | Address c/o NETTTS, 500 Victory Road, N. Quincy, MA 02171 | | | | |
| Date | FILED SEP 16 2002 | 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. SAMMY D. PEALTY LLC Exact Name of Limited Liability Company By | | | | |