



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. 110325		2. Exact name of the limited liability company FSL Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF REAL ESTATE	
5. Principal office address 20 Fifth Avenue		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph Montaquila		Contact Title President	
Street Address 20 Fifth Avenue		City Cranston	State RI
		Zip 02910	
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 Joseph Montaquila		Manager Name Christopher Tasca	
Street Address 20 Fifth Avenue		Street Address 20 Fifth Avenue	
City Cranston	State RI	Zip 02910	City Cranston
			State RI
			Zip 02910
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 JOSEPH F. MONTAQUILA		Address	
Address 20 FIFTH AVENUE		City CRANSTON	Zip 02910

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



FILED 110325	
File Date	SEP 02 2005
Check No.	By 1246
By:	[Signature]
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] **8/30/05**
Signature of Authorized Person Date
Joseph Montaquila
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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5. Principal office address 20 Fifth Avenue		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph Montaquila		Contact Title	
Street Address 20 Fifth Avenue		City Cranston	State RI
		Zip 02910	
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 Joseph Montaquila		Manager Name Christopher Tasca	
Street Address 20 Fifth Avenue		Street Address 20 Fifth Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JOSEPH F. MONTAQUILA		Address	
Address 20 FIFTH AVENUE		City CRANSTON	Zip 02910

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



* 1 1 0 3 2 5 *

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.

File Date 11/18/04
Check No. 1228
By: JS
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person *Joseph Montaquila* Date 11-15-04
Joseph Montaquila
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110325		2. Exact name of the limited liability company FSL Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF REAL ESTATE			
5. Principal office address 20 Fifth Avenue		City Cranston	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph Montaquila			Contact Title		
Street Address 20 Fifth Avenue		City Cranston	State RI	Zip 02910	
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 Joseph Montaquila			Manager Name CHRISTOPHER TASCA		
Street Address 20 Fifth Avenue		Street Address 20 FIFTH AVENUE			
City Cranston	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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 JOSEPH F. MONTAQUILA			Address		
Address 20 FIFTH AVENUE		City CRANSTON	Zip 02910		

RECEIVED STATE SECRETARY OF STATE
 OCT 16 11 08 AM '03

RECEIVED STATE SECRETARY OF STATE
 OCT 2 11 56 AM '03

FILED

OCT 16 2003
 BY KMC m9260

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



* 1 1 0 3 2 5 *

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.

Joseph Montaquila 9-9-03
 Signature of Authorized Person Date
 Joseph Montaquila
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110325		2. Exact name of the limited liability company FSL Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF REAL ESTATE	
5. Principal office address 20 FIFTH AVENUE		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH MONTAQUILA		Contact Title	
Street Address SAME AS ABOVE		City	State
		Zip	
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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
State		State	
Zip		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 JOSEPH F. MONTAQUILA		Address	
Address 20 FIFTH AVENUE		City CRANSTON	Zip 02910-

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



* 1 1 0 3 2 5 *

File Date	10.21.02
Check No.	1176
By:	<i>[Signature]</i>
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] 10/17/02
Signature of Authorized Person Date
[Signature]
Part of Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 110325

Annual Report for the year 2001

1. The name of the limited liability company is:

FSL Realty, LLC

2. The address of the principal office of the limited liability company is:

20 Fifth Avenue Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JOSEPH F. MONTAQUILA

20 FIFTH AVENUE CRANSTON RI 02910-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Joseph Montaquila 20 Fifth Avenue, Cranston, RI 02910

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Ownership of Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Joseph F. Montaquila</u>	<u>20 Fifth Avenue, Cranston, RI 02910</u>
<u>Christopher P. Tasca</u>	<u>20 Fifth Avenue, Cranston, RI 02910</u>

Dated August 31, 2001

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.



FSL Realty, LLC
Exact Name of Limited Liability Company

By Joseph F. Montaquila Mgr.
JOSEPH F. MONTAQUILA MANAGER

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-4-01</u>
Check No.:	<u>1148</u>
By:	<u>Be</u>

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be