



**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. 117726		2. Exact name of the limited liability company REIS PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE BUSINESS.			
5. Principal office address 19 MENDON AVENUE		City PAWTUCKET	State RI	Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GARY REIS			Contact Title		
Street Address 86 NAUSHON ROAD		City PAWTUCKET	State RI	Zip 02861-	
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 GARY REIS		*Manager Name			
Street Address 86 NAUSHON ROAD		*Street Address			
City PAWTUCKET	State RI	Zip 02861	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 JOSEPH A. KEOUGH, JR. ESQ.		Address 100 ARMISTICE BOULEVARD			
Address		City PAWTUCKET	Zip 02860-		

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



1 1 7 7 2 6

\*117726 DLLC 05/05/05 01:48:54 PM\*

File Date 9/28/05

Check No. 5286

By: CR

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]  
Signature of Authorized Person Date

**GARY REIS**  
Print or Type Name of Authorized Person



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

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5. Principal office address 19 MENDON AVENUE		City PAWTUCKET	State RI
		Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GARY REIS		Contact Title	
Street Address 86 NAUSHON ROAD		City PAWTUCKET	State RI
		Zip 02861-	
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 Gary Reis		• Manager Name Mary Beth Reis	
Street Address 86 Naushon Road		• Street Address 86 Naushon Road	
City Pawtucket	State RI	Zip 02861	City Pawtucket
			State RI
			Zip 02861
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 A. KEOUGH, JR. ESQ.		Address 100 ARMISTICE BOULEVARD	
Address		City PAWTUCKET	Zip 02860-

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



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\*117726 DLLC 09/09/04 11:35:21 AM\*

File Date 9/17/04

Check No. 4268

By: DA

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] 9/15/04  
Signature of Authorized Person Date

GARY R. REIS  
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. 117726		2. Exact name of the limited liability company REIS PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate business			
5. Principal office address 19 MENDON AVENUE			City PAWTUCKET	State RI	Zip 02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GARY REIS			Contact Title		
Street Address 86 NAUSHON ROAD			City PAWTUCKET	State RI	Zip 02861-
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 Gary Reis			Manager Name Mary Bett Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 MICHAEL F. HORAN, ESQ.			Address 393 ARMISTICE BOULEVARD		
Address			City PAWTUCKET	Zip 02861-	

RECEIVED  
 SECRETARY OF STATE  
 OCT 16 12 04 PM '03

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



1 1 7 7 2 6

\*117726 DLLC 10/02/03 02:02:11 PM\*

**FILED**

File Date \_\_\_\_\_

Check No. **OCT 16 2003**

By: **BV MA 381 GAM**

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

**10-10-03**  
Date

**GARY R. REIS**  
Print or Type Name of Authorized Person



**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. 117726		2. Exact name of the limited liability company REIS PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate business			
5. Principal office address 19 Mendon Avenue			City Pawtucket	State RI	Zip 02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gary Reis			Contact Title		
Street Address 86 Naushon Road			City Pawtucket	State RI	Zip 02861
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 Gary Reis			Manager Name Mary Bett Reis		
Street Address 84 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 MICHAEL F. HORAN, ESQ.			Address P.O. Box A		
Address 393 ARMISTICE BOULEVARD			City PAWTUCKET	Zip 02861-	

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



\* 1 1 7 7 2 6 \*

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	11-1-02
Check No.	2262
By:	
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person  
Date 10/17/02  
GARY R. REIS  
Print or type Name of Authorized Person