

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

	YPED OR PRINT						
1. ID No.	2. Exact r	2. Exact name of the limited liability company					
_73527	QUEEN	UEEN REALTY LLC					
3. State of Formation 4. Brief description of the character of the business with				business which is actually conducted	in Rhode Island		
RHODE ISLAND REAL ESTATE							
5. Principal office address			City	State	Zφ		
see-	#8						
6. MAILING A	DDRESS OF I.I.	MITED LIABILIT	TY COMPANY A	ND NAME OR TITLE OF CON	TACT PERSON:		
Contact Name				Contact Title			
MICHA	FL B	, SHOR	?E	MEMBE	R		
Street Address				City	State	Ζφ	
see.	#8			·			
7. NAME AND		FILL IN SPAC	ES BEFORE USI	FED LIABILITY COMPANY, II NG ATTACHMENTS ("X" B	OX FOR ATTACHMENT) 🔲		
ANY MODIFICATIONS TO MANAGERS REQUIRE			CINES I IMNO OF AMERICA	and the second of the second o			
Managan Mana		•		:			-
Manager Name				Manager Name			-
Manager Name Street Address				Manager Name Street Address			_
		State	Ζφ		State	Ζφ	
Street Address				Street Address	State	Ζφ	_
Sireci Address City				Street Address	State	Ζφ	
Street Address City Manager Name				Street Address City Manager Name	State	Ζφ	
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Street Address City Manager Name Street Address City		State State	Zip Zip	Sircei Address City Manager Name Sircei Address City	State	Ζψ	
Street Address City Manager Name Street Address City B. RESIDENT A		State State	Zip Zip	Sircei Address City Manager Name Sircei Address	State	Ζψ	
Street Address City Manager Name Street Address City B. RESIDENT Adgent Name	GENT IN RHO	State State	Zip Zip	Street Address City Manager Name Street Address City Changes require filing of F	State	Ζψ	
Street Address City Manager Name Street Address City	GENT IN RHO	State State	Zip Zip	Street Address City Manager Name Street Address City Changes require filing of F	State	Ζψ	

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

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.
File Date 9 13 05 *73527* Check No. 1930	contained acrein are true and correct)
FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Date MICHAEL B: SHORE 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2004

1. ID No. 73527	2. Exact name of the limited li QUEEN REALTY LLC	2. Exact name of the limited Bability company QUEEN REALTY LLC					
3. State of Formation RHODE ISLAN		•	iness which is actually conducted in Rhod	c Island			
5. Principal office no	ddress ELMGROVE	AVE	City PROV	State	02906		
6. MAILING ADI	DRESS OF LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name		~ . /	Contact Title				
MIC	CHAEL B. G BOVE	HORE	MEME	er_			
Street Address			City	State	Zip		
B	BOVE			l .			
	ANY MODIFICATIONS TO N	MANAGERS REQUIR	ES FILING OF AMENDMENT, R.	I.G.L. 7-16-12 (a)	(2) / 7-16-52		
Manager Name			Manager Name				
Manager Name Street Address			Manager Name Street Address				
Street Address	Stato	Ζίρ		State	Zip		
Street Address	State	Z(p	Sircei Address	State	Zip		
	State	Ζίρ	Sircei Address City	State	Ztp		
Street Address City Manager Name Street Address	State	Zip Zip	Sircei Address City Manager Name	State State	Zip Zip		
Street Address City Manager Name Street Address City 8. RESIDENT ACAGENT Name	State GENT IN RHODE ISLAND - D	Zip	Sircei Address City Manager Name Sircei Address	State	2(p		
Sirect Address City Manager Name Street Address City B. RESIDENT AC	State GENT IN RHODE ISLAND - D	Zip	Sircei Address City Manager Name Sircei Address City anges require filing of Form 6	State	2(p		
Street Address City Manager Name Street Address City 8. RESIDENT ACAGENT Name	State GENT IN RHODE ISLAND - D	Zip	Sircei Address City Manager Name Sircei Address City anges require filing of Form 6	State 642 - R.I.G.L. 7-16-	2(p		

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

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	. 0 . 1//

File Date	10-12-04
Check No.	10 -11
Ву:	AMF
F	FOR SECRETARY OF STATE USE ONLY

	Under penalty of perjury, I declare an	d affirm that I have examined this report.
	including any accompanying schedule	es and statements, and that all statements,
	contained herein are true and epirect.	_
***************************************		>
	- Malant C	D-10/11/04
	Signature of Richorized Person	Date

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

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

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

(FORM MUST BE TYPED	OR PRINTED IN BLACK)				
1 IID No.	2 Exact name of the limit	ed liability company			
73527	QUEEN REALT	Y LLC			
3. State of Formation	4. Brief description of the character of the husiness which is actually conducted in Rhode Island				
RHODE ISLAND	REAL ESTA	TE			
5 Principal office address	<u></u>		City	State	
612 ELMGROVE AVE			PROVIDA		02906
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONT	TACT PERSON:	
Contact Name			Contact Title	/	
MICHAE	EL SHOR	E	MEMB	ER & AGEN	
Sirver Address	EL SHOR MBROVE.	AVE	PROVIDER	ER & AGEN	02906
			ED LIABILITY COMPANY, IF		•
			G ATTACHMENTS ("X" BC		
AN	Y MODIFICATIONS T	O MANAGERS REQU	IRES FILING OF AMENDMEN	NT, R.I.G.L. 7-16-12 (a) (2)	/ 7-16-52
Manager Name			Manager Name		
Street Address			Street Address		
					
9.	State	Zip	City	State	Zip
····•···					
Manager Name			Manager Name		
Street Address					
Sectional Co			Street Address		
City	State	Zip	City	State	Zip
- ,		1.4	5",	Sime	Z.W
8. RESIDENT AGENT	T IN RHODE ISLAND	DO NOT ALTER - C	: Changes require filing of Fo	orm 642 - R.I.G.L. 7-16-11	'
Agent Name			Address		
MICHAEL B. SHORE					
Address			City	Zip	
612 ELMGROVE AVEN	UE		PROVIDENCE	029	006
			 -		

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

* 7 3 5 2 7 *	
File Date 10/14/03	
Check No. 1768	
ву:	
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 statement
 contained herein are true and correct.
Melan 8 a- 10/7/03
Signature of Authorized Person Date
MICHAEL SHORE
Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

REAL ESTATE		s which is actually conducted in	Rhode Island		
REAL ESTATE	ne character of the busines:	s which is actually conducted in	Rhode Island		
n . //= /					
ROVE A	115	City PROV	State	_	02906
		Contact Title MEMBE			
		City PROV	State 12	I	Zip 02905
FILL IN SPACES B	EFORE USING ATTAC	CITMENTS ("X" BOX FO	R ATTACHMENT	1	
		• Manager Name •			
		*Street Address			
State	Zip	*City	State		Zip
• • • • • • • • •	1	Manager Name		• • • • •	
		· Street Address			
State	Zip	,City	State		Zīp
ODE ISLAND-DO	NOT ALTER- Change:	require filing of Form	n 642 - R.I.G.L.	7-16-11	<u></u>
MICHAEL B. SHORE Address 612 ELMGROVE AVENUE				<i>Zip</i> 02906	
	F EACH MANAGE FILL IN SPACES B DIFFICATIONS TO MA	FILL IN SPACES BEFORE USING ATTAI DIFICATIONS TO MANAGERS REQUIRES FI State Zip	B, SHORE ROVE AVE City PROV FEACH MANAGER OF THE LIMITED LIABILITY COMPANY FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR DIFFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.A. Manager Name Street Address State Zip City Manager Name Street Address State Zip City ODE ISLAND-DO NOT ALTER- Changes require filing of Form	B, SHORE City PROV State PROVE AVE FEACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICA FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT DIFFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2 Manager Name Street Address State Zip City State Street Address City State ODE ISLAND-DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. Address City	State State City PROV State PL State City PROV State FEACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT[] DIFFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address State City State ODE ISLAND-DO NOT ALTER- Changes City City Zip City Zip City Zip

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

	* 7 3 5 2 7 *
File Date	10-9-07
Check No	1699
В <u>у:</u>	RMF
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of po	rjury, I declar	e and affirm	that I have	e examine	d
this report, including	g any accomp	anying sche	dules and	statements	i ,
and that all stateme	nts contained	herein are tr	ue and cor	rect.	
Mala	y E	2	- 10,	14/0	2
Signature of Authoriz	ed Person		Date	,	
MICHAEL Print or Type Name of	- B.	SHOR	E_		
Print or Type Name o	j Authorizea Pe	rson		r (22	D (M2
				Form 632	KCV. 0/02

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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

	·	TIME TO THE TOTAL AND THE TENT OF THE TENT		
ID	Number DLLC 73527	Annual Report for the year 2001		
1.	The name of the limited liability com	pany is:		
	QUEEN REALTY LLC			
2.	The address of the principal office of	f the limited liability company is:		
		AVE, PROVIDENCE RI 02906		
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND		
4.	The name and address of its resider	nt agent is: MICHAEL B. SHORE		
	612 ELMGROVE AVENUE PROVID	DENCE RI 02906		
5 .	The current mailing address of the li	mited liability company and the name or title of a person to whom communications		
	may be directed are: MICHAEL	- B. SHORE 612 ELMGROVE ARE		
	PROV. RI			
6.				
	state: REAL ESTATE			
7.	If the limited liability company has manager Name	anagers, the name and address of each manager of the limited liability company Address		
		······································		
Dat	ed 22 SEPTEMBER 2	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.		
		Media		
		QUEEN REALTY LLC		
File I	OR SECRETARY OF STATE USE ONLY Date: 9-25-0/	BY MICHAEL 13, SHORE MAIN BOX		
Chec	k No.: 1619	MENBER Title		
By:	2	Form No. 632 Revised 01/99		

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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

•				
ID Number DLLC 73527	Annual Report for the year 2000			
The name of the limited liability compa	nny is:			
QUEEN REALTY LLC				
2. The address of the principal office of the	he limited liability company is:			
612 ELMGROVE	AVE: PROV RIL 02906			
3. The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND			
-	<u> </u>			
612 ELMGROVE AVENUE PROVIDE				
	ited liability company and the name or title of a person to whom communications			
·	ELMOROVE AVE PROV RT. 02906			
	L B. SHORE			
	the business in which the limited liability company is actually engaged in this			
state: NEAL ESTATE				
7. If the limited liability company has man Name	agers, the name and address of each manager of the limited liability company Address			
	612 ELMGROVE AVE PROVRI 0290			
7710111100 77 2710100	012 04 10 100 110 112 110 19			
. / /				
Dated 9/1/00	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.			
	Exact Name of Limited Liability Company			
	Exact Name of Limited Liability Company			
File Date: 9//2	By Malliel So			
Check No.: 1540	MEMBER & ACENT			
By:	Title Form No. 632 Revised 01/99			



Revised 8/97

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

ID	Number 0073527	Annual Report for t	he year_	1999
1.	The name of the limited liability company i	5:		 -
2.	The address of the principal office of the lin	nited liability company is:		
	612 Elmgrove Avenue, Provid	ence, RI 02906		
3.	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: Michael Shore, 612 Elmgrove Avenue, Providence, RI 02906			
	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Michael Shore, 612 Elmgrove Avenue, Providence, RI 02906			
7.	state: real estate If the limited fiability company has mana	usiness in which the limited liability company gers, the name and address of each mana		
	company Name	Address		
	Michael Shore	612 Elmgrove Avenue, Provider	ice, RI	02906
Date	PAID WO 23/9US DEC 0 1 1999 23/9US CY OF STATE 56. HI IZ 1677 BECEIVED AND STATE 90 YOUR STATE 90	Under penalty of perjury, I declare and affirm report, including any accompanying schedulated that all statements contained herein are true at Queen Realty LLC Exact Name of Limited Liability Companying schedulated that all statements contained herein are true at Queen Realty LLC Exact Name of Limited Liability Companying schedulated that all statements contained herein are true at Queen Realty LLC Exact Name of Limited Liability Companying schedulated that all statements contained herein are true at Queen Realty LLC	ules and a and correct	statements, and
Form	No. LLC-19	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

	Annual Report for the year 1998		
The name of the limited liability company Queen Realty LLC	y is:		
The address of the principal office of the 612 Elmgrove Avenue, Provi			
	ent is: Michael Shore, 612 Elmgrove Avenue,		
The current mailing address of the limited liability company and the name or title of a person to who communications may be directed are: Michael Shore, 612 Elmgrove Avenue, Providence, RI 02906			
. A brief statement of the character of the business in which the limited liability company is actually engaged in the state:real_estate			
	nagers, the name and address of each manager of the limited liability Address		
Michael Shore	612 Elmgrove Avenue, Providence, RI 02906		
PAID 231945	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. Queen Realty LLC Exact Name of Limited Liability Company Michael Shore, Agent Title		
	Queen Realty LLC The address of the principal office of the 612 Elmgrove Avenue, Providence of the state or other jurisdiction under the late of the name and address of its resident age Providence, RI 02906 The current mailing address of the lice communications may be directed are: RI 02906 A brief statement of the character of the state: real estate If the limited liability company has mar company Name Michael Shore PAID: 66. Hd 12 DEC 0 1 1999 AND SHALLWOODS CIV OF STATE - SIYLS 10 (CIVIDA) AND SHALLWOODS AND SHALLWOO		

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

LIMITED LIABILITY COMPANY			
ID	Number <u>9073527</u>	Annual Report for the year1997	
1.	The name of the limited liability compan	y is:	
2.	, p	e limited liability company is: R., BARRINGTON KI 02806	
	The state or other jurisdiction under the	·	
5.		limited liability company and the name or title of a person to whom ABOVE APDRESS — MICHAEL SHORE	
	state: REAL ESTATE	e business in which the limited liability company is actually engaged in this	
	Name	Address	
Dat	ed 9/1 19 <u>97</u>	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.	

Form No LLC-19 Revised 8/97

Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is: QUEEN REALTY LLC

LLC I.D.# 73527

Annual Report for the year 1996

SECOND:	: The address of the principal office of the limited liability company is:				
	1 TALL PINES DR, BARRINGTON RI 02801				
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island				
FOURTH:	The name and address of its resident agent is: MICHAEL 13, SHORE				
	I TALL PINES DR. BARRINGTON RI 02806				
FIFTH:	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: TALL PINES DR. BARRINSTON RT 02806				
	MICHAEL B. SHORE, AGENT				
SIXTH:	H: A brief statement of the character of the business in which the corporation is actually engaged in this state: REAL ESTATE				
Dated	9/7 19 96 QUEEN REALTY LLC Exact Name of Limited Liability Company				
File Date:	332 ·By 266/B.				
By:	*To be signed in the manner required by the home state. **Example 1. **To be signed in the manner required by the home state. **To				

FORM LLC-19 7/95

MICHAEL B. SHORE 1 TALL PINES DRIVE BARRINGTON, RI 02806 -

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State of Rhode Island and Providence Plantations

Office of the Secretary of State **Corporation Division** 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D. #	073527			Annual Report for	r the year1	995
FIRST:	The name of the limited lia		s:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SECOND:	The address of the princip			•		
	BARKING TO	N RI	028	7 <i>L</i>		••1••••••
THIRD:	The state or other jurisdict	ion under the la	ws of which	it is formed is:		•••••
FOURTH:	The name and address of MICHAEL	B. SHOR	'E			
FIFTH:	The current mailing address communications may be a MICHAEL	directed are: B, SHa	re-			
	1 TALL	PINES	DC.	BARRINGS	on RI	02806
SIXTH:	A brief statement of the cl state: REAL EST			•		-
Dated SEP	T / 19 <i>95</i>	Q	QUE	EV REAL act Name of Limited L	TY LLC iability Company	
	FILED	•(ву 🕽	want B.	THE .	
	SEP 1 1 1995	т	itle	ENT	-	*************************
	By CC 259					

*To be signed in the manner required by the home state.

FORM LLC-19 7/95

MICHAEL &. SHORE

1 TALL PINES DRIVE BARRINGTON RI 02806

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Filing Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually
LLC Sept. I - Nov. I
CORP: Jan. I - March I

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: CO73527	Annual Report for the year:
Name of Business Entity: DUEEN REALTY LLC	· · · · · · · · · · · · · · · · · · ·
Business entity organized under the laws of the State of: RI Federal Taxpayer Identification Number For foreign entity, address and telephone number of principal office:	Brief statement of the character of business conducted in Rhode Island:
CHIEF EXECUTIVE OFFICER OR SPECIONS CON- ON ICHAEL B., SHORE CHIEF OPERATING OFFICER OR SPECIONS ON: SHORE CUSTOCIAN OF RECORDS OR SECRETARY (CON-) MICHAEL B., SHORE CHIEF FINANCIAL OFFICER OR STREASURER (CON-) MICHAEL B., SHORE MICHAEL B., SHORE THE NAMES	STREET ADDRESS STREET ADDRESS CITYSTATE THE OFFICERS ARE: CITYSTATE THE OFFICERS ARE: CITYSTATE CITYSTATE THE ODDRESS THE ODDRESS CITYSTATE THE ODDRESS THE ODDRESS CITYSTATE THE ODDRESS THE ODDRESS
NAME	STREET ADDRESS CITYATATE ZIP CODE
NAME .	STREET ADDRESS CITY/STATE (APCOUG
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER / O O CLASS COMMON SERIES N/A PAR VALUE OR WITHOUT PAR	CLASS COMMON OCT 0 4 1994 SERIES N/A PAR VALUE OR VITHOUT PAR
,	BY: MICHAEL B. SHORE PRINT ON TYPE: NAME OF OFFICER SIGNING TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS: PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.