



**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. 130128		2. Exact name of the limited liability company Printing Realty, 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			
5. Principal office address 25 Amflex Drive			City CRANSTON	State RI	Zip 02921-
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name PASCO GASBARRO			Contact Title .		
Street Address 1500 FLEET CENTER			City PROVIDENCE	State RI	Zip 02903-
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE.</b> FILL IN SPACES BEFORE USING ATTACHMENTS. (SEE 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 None			• Manager Name .		
Street Address			• Street Address .		
City	State	Zip	City	State	Zip
• Manager Name			• Manager Name		
Street Address			• Street Address		
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642, R.I.G.L. 7-16-11.</b>					
Agent Name PASCO GASBARRO, JR.			Address 1500 FLEET CENTER		
Address HINCKLEY, ALLEN & SNYDER LLP			City PROVIDENCE	Zip 02903-	

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



1 3 0 1 2 8

\*130128 DLLC 09/29/05 11:59:40 AM\*

File Date NOV 04 2005

Check No. 144111005

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] 10-27-05  
Signature of Authorized Person Date

Pasco Gasbarro Jr.  
Print or Type Name of Authorized Person



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1. ID No. 130128		2. Exact name of the limited liability company Printing Realty, 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			
5. Principal office address 25 Amflex Drive			City Cranston	State RI	Zip 02921
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PASCO GASBARRO JR.			Contact Title		
Street Address 1500 FLEET CENTER			City PROVIDENCE	State RI	Zip 02903
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 None			Manager Name		
Street Address			Street Address		
City	State	Zip	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 PASCO GASBARRO JR.			Address 1500 FLEET CENTER		
Address HINCKLEY, ALLEN & SNYDER LLP			City PROVIDENCE	Zip 02903	

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



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*130128 DLLC 10/27/04 10:58:42 AM*	
File Date	11/19/04
Check No.	164572
By:	W.
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 \_\_\_\_\_  
Pasco Gasbarro Jr.  
Print or Type Name of Authorized Person