

## 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 \_\_\_

2005

Filing Period: Septen (FORM MUST BE TYPED			Filing Fee: \$50.00				
1. ID No.		name of the limited liability company					
120929		Ity, LLC					
3. State of Formation			e character of the business whi	ich is actually conducted in Rh	ode Island		
RHODE ISLAND TO INVOLVE FAMILY MEMBERS IN THE			WNERSHIP AND MANAG	EMENT OF THE FAI	WILY		
5. Principal office address				City	State		Zip
1100 Tollgate Road				Warwick	RI		02886
6. MAILING ADDRE	SS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTAC	T PERSON:		<del></del>
Patrick J. Su	ılliva	n		Coniaci Tille Agent			
Street Address				City	State		Zip
505 Tiogue Avenue - Suite B				Coventry	RI		02816
		FILL IN SPACES	OF THE LIMITED LIABI BEFORE USING ATTAC NAGERS REQUIRES FIL	CHMENTS ("X" BOX	FOR ATTACHMENT,		5-52
Street Address				Street Address			
City		State	Zíp	Ciŋʻ	State		Zip
Manager Name	••••••	·	•••••••••••	Manager Name	,	••••••	•
Street Address				Street Address			1
City		State	Zip	City	State		Zíp
8. RESIDENT AGEN Agent Name PATRICK J. SULLIVA		ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form	n 642 - R.I.G.L. 7-1	6-11	······································
Address			City		Zip		
475 TIOGUE AVENUE, SUITE 3				COVENTRY 02816-			
	<del>:</del>			•			

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

File Date 1/9/06	*120929*
Check No. 50/	
By: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.	
Bollan 1330 /2/29/05  ignature of Authorized Person Date	
Barbara 2:30	
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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

. ID Νο.	ED OR PRINTED IN BLACK)  2. Exact name of the limited		<del></del>	<del></del>	
20929	KID Realty, LLC				
State of Formation	I	•	e business which is actually conducted		
RHODE ISLAND	TO INVOLVE F	AMILY MEMBERS	IN THE OWNERSHIP AND P	MANAGEMENT OF	THE PAMILY BUSINESS
. Principal office addre			City	State	Zip
100 Tollgate	Road		Warwick	RI	02886
	RESS OF LIMITED LIA	BILITY COMPA	NY AND NAME OR TITLE.	OF CONTACT P	ERSON:
ontact Name PATRICK J SULI	I.TVAN		Contact Title		
treet Address		<del>.</del>	City	State	Zip
75 TIOGUE AVE	E.SUITE 3		. COVENTRY	RI	02816-
NAME AND ADI	DRESS OF EACH MAN	AGER OF THE	LIMITED LIABILITY COM	PANY, IF APPLI	
	FILL IN SPAC	ES BEFORE USING	G ATTACHMENTS ("X" BOX I	FOR ATTACHMENT)	
· · · · · · · · · · · · · · · · · · ·	ANY MODIFICATIONS TO	MANAGERS REQU	JIRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2	2) / 7-16-52
anager Name			• Manager Name		
<del></del>			<u> </u>		<del></del>
treet Address			· Street Address		
City	State	Zip	·City	State	T2:-
""	sale	Z.ip	· City	Nais	Zip
danager Name			*Manager Name		
			• "		
ireet Address			Street Address		
in.	State	12:-		Te	17/2
ity	19015	Zip	City	State	Zip
	1		•		
. RESIDENT AGEN	NT IN RHODE ISLAND -	OO NOT ALTER- CI	hanges require filing of F	orm 642 - R I C I	. 7-16-11
	NT IN RHODE ISLAND -C	OO NOT ALTER- CI	hanges require filling of F	orm 642 - R.J.G.L	. 7-16-31
gent Name		OO NOT ALTER- CI			
gent <i>Name</i> PATRICK J. SULL		OO NOT ALTER- CI	Address		
gent Name PATRICK J. SULL		OO NOT ALTER- CI	Address 475 TIOGUE AVE		
gent Name PATRICK J. SULL Iddress			Address 475 TIOGUE AVE City COVENTRY		Zip
gent Name PATRICK J. SULL Iddress  This report must be	e signed in ink by an ar		Address 475 TIOGUE AVE City COVENTRY  pursuant to 7-16-66.  Under penalty of penalty of penalty including the report, including the report the	erjury, I declare and	affirm that I have examined g schedules and statements,
PATRICK J. SULL Iddress  This report must be 120929 DLLC 08	LIVAN, ESQ.		Address 475 TIOGUE AVE City COVENTRY  Pursuant to 7-16-66.  Under penalty of pthis report, including and that all statements	erjury, I declare and ng any accompanying ents contained herein	O2816 -
PATRICK J. SULL ddress  this report must be  1  120929 DLLC 08	e signed in ink by an ar		Address 475 TIOGUE AVE City COVENTRY  Dursuant to 7-16-66.  Under penalty of penalty of penalty of penalty and that all statements Signature of Authorize	erjury, I declare and ng any accompanying ents contained herein according to the second secon	affirm that I have examined g schedules and statements,
PATRICK J. SULL iddress  This report must be	e signed in ink by an ar		Address 475 TIOGUE AVE City COVENTRY   Dursuant to 7-16-66.  Under penalty of puthis report, including and that all statements of the control	erjury, I declare and ng any accompanying ents contained herein	affirm that I have examined g schedules and statements,

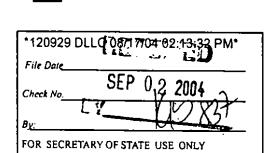


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: Septe			Filing Fee: \$50.00					<del></del> .
(FORM MUST BE TYP. 1. ID No.			//				<del></del>	
120929		name of the limited liabilty company ealty, LLC						
3. State of Formation	<u> </u>	4. Brief description of th	e character of the business	which is actually condu	icted in Rhode I	sland		
RHODE ISLAND		TO INVOLVE FAM	ILY MEMBERS IN T	E OWNERSHIP AN	d managem	ENT OF 1		LY NESS
5. Principal office addr	sn T		-:-	City	S	tale		Zip
1100 Tollgate	Road			Warwick	F	RI		02886
	RESS O	FLIMITED LIABI	LITY COMPANY AN		LE OF CON	TACT PE	RSON:	
Contact Name				Contact Title				
PATRICK J SUL	LIVAN			·	· <del>- · · · · · · · · · · · · · · · · · · </del>			·
Street Address				City	I	ale		Zip
475 TIOGUE AV	E.SUIT!	E 3		. COVENTRY	F	?I		02816-
7. NAME AND AD	- '	FILL IN SPACES I	ER OF THE LIMIT BEFORE USING ATTAC NAGERS REQUIRES FI	CHMENTS ("X" BO	OX FOR ATTA	CHMENT)		
Manager Name				• Manager Name •				
Street Address		_	· <del>-</del> - · · · ·	• Street Address		•		
City		State	Zip	*City	S	tale		Zip
Manager Name		• • • • • • • • •	l	Manager Name		• • • •	• • • • •	1
Street Address				·Sireei Address			•	
City		State	Zip	City	s	tate		Zip
8. RESIDENT AGE	NT IN RE	IODE ISLAND -DO	I VOT ALTER- Change:	s require filing o	f Form 64	2 - R.I.G.L.	7-16-11	<u></u>
Agent Name		······································		Address		<del></del>		
PATRICK J. SUL	LIVAN, I	ESQ.		475 TIOGUE A	AVENUE, S	UITE 3		
Address				City			Zip	
<u> </u>			<del>,</del>	COVENTRY			02816-	

This report must be signed in ink by an authorized person pursuant to 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 contained herein are true and correct. Signature of Authorized Person

BARBARA IZZO



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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 120929 KID Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **RHODE ISLAND** To involve family members in the ownership and management of the family zip business State 5. Principal office address City 02816 475 Tiogue Avenue Suite 3 RI Coventry 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Patrick J. Sullivan, Esq. Contact Title Street Address Tiogue Avenue Suite 3 State Coventry RI 02816 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT] 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 State City State ત્તું 🖫 🕏 Manager Name Manager Name Street Address Street Address Zip City State City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name Address PATRICK J. SULLIVAN, ESQ. Address Cirv Zip **475 TIOGUE AVENUE, SUITE 3** COVENTRY 02816-

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



File Date	1-13-03	
Check No.	5327	
B <sub>Y</sub> ;	de	
FOR SECRETA	ARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affi this report, including any accompanying so and that all statements contained herein are	hedules and statements,
	11/2/02
Signature of Authorized Person	Dale
Print or Type Name of Authorized Person	

Form 632 Rev. 6/02