

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 121530 LRF Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO BILL, COLLECT OR OWN CERTAIN CONTRACTS RHODE ISLAND 5. Principal office address 73 CUCUMBER HILL ROAD RI **FOSTER** 02825-SEMARLINGADDRESSEGREIMITEDE NBILLINGOMEKNMANDENAMEIDRYLINEZORGÓNIAGT RERSONSEZE ELEM Contact Name ELI BERKOWITZ Street Address City State 73 CUCUMBER HILL ROAD . FOSTER RI 02825-DDRESS OF EACH MANAGER OF THE PLYINGULANGULA OF A COMPANY IF AFYL (CABI A KILL'SIN SPACES BEFORE USING ATTAGEMENTS HE (CABOX FOR ATTAGEMENT) DAY WANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT RIG. L'1-181) Z(a) (2) 1-1-1 Manager Name · Manager Name Street Address • Street Address State Zip City State . Zio City Manager Name Manager Name ·Street Address Street Address City & RESIDENT AGENTAN RHODE ISLAND. DO NOTALTER Change a require filing of Form 642 PLC13-18-11. igent Name Address 56 EXCHANGE TERRACE, 2ND FLOOR RICHARD S. MITTLEMAN Address Zip PROVIDENCE 02903-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 \*121530 DLLC 09/02/04 10:48:12 AM SEN 1 9 2005 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Signature of Authorized/Person BERKOWITZ Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02



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 Filing Period: Sentember 1 - November 1 - Filing Feat \$50.00

r uing Period: Septe: FORM MUST BE TYPE			uing ree: \$30.00			
1. ID No. 121530	2. Exact i	name of the limited liab. Balty, LLC	ilty company	,		
3. State of Formation	I .		e character of the business	which is actually conducted in Rhod	le Island	<del> </del>
RHODE ISLAND		TO BILL, COLLEC	CT OR OWN CERTAIN	CONTRACTS		
5. Principal office addre 73 CUCUMBER H		AD '	<del></del>	City FOSTER	State RI	2ip 02825-
6 MAILING ADD Contact Name ELI BERKOWIT		Pendiradi i Abi	GLIVACOMEANIZAS	Dy NAME OR THIT HE OF C Contact Title	Nivet P	Nest versea
Street Address 73 CUCUMBER HI	LL ROA	AD		City FOSTER	State RI	Zip 02825 -
		THE HINSRACKS	BEFORE USING ATTAC	HI UFABIIDITY COVERAN BMENTSIRU XBOVORAT INGONAMENDMENT RIIGI	TACHMENT)	
Manager Name				• Manager Name •		<u>i</u>
Street Address				* Street Address		1
City		State +	Zip	*City	State	Zip
Manager Name		• • • • • • • • •	1.,	Manager Name		• • • • • • • • • • • • • • • • • • • •
Street Address		<u>.</u>	· · · · · · · · · · · · · · · · · · ·	Street Address		
City		State	Zip	City	State	Zip
Agent Name			NOTALIER Change	Sreguiro Illing of Eorm.  Address	•	:
RICHARD S. MIT	TLEMA	N		56 EXCHANGE TERRAC	E, 2ND F	Zip
Address .				PROVIDENCE		02903- 85 8
This report must be	signed	in ink by an auth	orized person pursua	ant to 7-16-66.		CHETARY OF STATE ORPORATIONS BIVE
	2 1		.ED			, t
*121530 DLLC 0	9/02/04	SEP 1	9 2005   KMC		accompanying	affirm that I have examined g schedules and statements, are true and correct.
Check No.	,		C mary	Signature of Authorized Pers	on	Date
Β <sub>V</sub> :				_ Eli RERK	1 w 172.	<u></u>
FOR SECRETARY OF	STATE II	SE ONLY		Print or Type Name of Author	rized Person	Form 632 Rev. 6



# 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 \_

2003

	O OR PRINTED IN BIACK)	- rung ree. 35	v.v.					
1. ID No.	2. Exact name of the limite	, , ,						
121530	LRF Realty, LL				_			
3. State of Formation	4. Brief descripti	on of the character of the h	usiness which is actually conducted in R	Phode Island				
RHODE ISLAND	to bil	l, collect or	own certain contract	s and any other 1	awful business.			
5. Principal office addre			City	State	Zip			
73 Cucumber	Hill Road		·Foster	RI	02825			
6. MAILING ADDR	ESS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTA	CT PERSON:	•			
Contact Name	•		Contact Title					
Eli Berkowit	.z		Member	Member				
Street Address			City	State	Zip			
73 Cucumber	Hill Road		Foster	RI	02825			
7. NAME AND ADI	DRESS OF EACH MANA	GER OF THE LIMITE	ED LIABILITY COMPANY, IF A	PPLICABLE				
			G ATTACHMENTS ("X" BOX	• —				
A.	NY MODIFICATIONS TO	O MANAGERS REQU	IRES FILING OF AMENDMENT	7, R.I.G.L. 7-16-12 (a) (2)	/ 7·16·52			
Manager Name			Manager Name	•				
		(1,50)						
Street Address		•	Street Address		· <u></u>			
			:					
City	State	Zip	City	State	Zip			
Manuger Name	•		Manager Name					
Street Address			Street Address					
City	State	200		I gan.	T			
City.	State	Zip	City	State	Zip			
8. RESIDENT AGE	NT IN RHODE ISLAND	DO NOT ALTER + C	: Changes require filing of For	l m 642 - R.L.G.L. 7-16-11	ı			
Agent Name			Address					
RICHARD S. MITTLE	MAN							
	······································		a:	<del></del>				
Address 56 EXCHANGE TERRACE, 2ND FLOOR			PROVIDENCE	1 -	Zip 02903-			
			FROTIDENCE	PROTIDENCE VESUS				
	•							

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

	* 1 2 1 5 3	0 *
File Date	10.25.03	
Check No	107	
By:	<u>a</u>	
F	OR 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

10/29/63

Eli Berkowitz

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

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 121530 LRF Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation to bill, collect or own certain contracts and any other lawful business **RHODE ISLAND** State 5. Principal office address City 02825 Fosteri RI 73 Cucumber Hill Road. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name President Eli Berkowitz State Street Address City 02825 RI 73 Cucumber Hill Road Foster 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 Sireet Address Zip State City State Manager Name Manager Name Street Address Street Address Zip .Cirv State City State Zip require filing of Form 642 - R.I.G.L. 7-16-11 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes Agent Name Address

City

**PROVIDENCE** 

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



File Date	10.28.02
Check No	101
B <u>y:</u> _	2
FOR SECRE	TARY OF STATE USE ONLY

**RICHARD S. MITTLEMAN** 

56 EXCHANGE TERRACE, 2ND FLOOR

Address

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.

Zip

02903-

Signature of Authorized Person

Eli Berkowitz, President

Print or Type Name of Authorized Person