

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: Sej	otember I	- November	1 • Filing Fee: \$50	0.00				
(FORM MUST BE T	YPED OR PR	INTED IN RL	ACK)					
1. ID No.	2. Exact	name of the limited liabilty company						
117030		RIAL REAL	.TY, LLC					
3. State of Formation				business which is actually condu		 -		
RHODE ISLAN	D	PURCHASE, UNIMPROVE	SALE, OWNERSHIP THE MANUFACE SALE, OWNERSHIP	, MAINTENANCE & SERV TURE, PRODUCTION & S	ICING OF REAL PI ALE OF CONSTRUCT	ROPERTY BOTH IMPROVED		
5. Principal office ad	ldress			City	State	Zip		
618 Greenville Road				N. Smithfield	d RI	02896		
6. MAILING AD	DRESS O	FLIMITED	LIABILITY COMPA	NY AND NAME OR TITI	LE OF CONTACT I	PERSON:		
Contact Name				Contact Title				
Robert A. Pe	ezza			MANAGER				
Street Address			- -	City	State	7.ip		
618 Greenvil	le Road			N. Smithfiel	d RI	02896		
. <u>. </u>		FILL IN S	PACES BEFORE USING	LIMITED LIABILITY CO ATTACHMENTS ("X" BO IRES FILING OF AMENDMEN	X FOR ATTACIIMENT			
Manager Name				• Munager Name				
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Street Address			 	· Street Address				
ن				•				
City		State	Zip C	*City	State	Zip		
Manager Name	• • • • • •			Manager Name				
Street Address				Street Address	• Street Address			
				+				
City		State	Zip	City	State	Zip .		
8. RESIDENT AG	ENT IN RE	IODE ISLAN	ID .DO NOT ALTER. CH	nanges require filing o	1 Form 642 D1C1	7.16.11		
Agent Name		<u> </u>	NO NO NO NETENO	Address	Tromi 642 - KLIKKI	/-10-11		
THOMAS C. PL	.UNKETT			91 FRIENDSHI	P STREET			
Address				City	•	Zip		
				PROVIDENCE		RI 02903		
THOMAS C. PLUNKETT Address				City	P STREET	1		

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



	0/4/	
File Date	9/15/05	
Check No.	210/1	
B <u>y:</u>	n	
FOR SECRET	RY 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.

ROBERT A. PEZZA MEMBER

Signature of Authorized Person

Date

ROBERT A. PEZZA
Print or Type Name of Authorized Person

MANAGER

9/15/05



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

Mytthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

2004

(FORM MUST BE TYPED							
1 112 No. 117030	-	2. Exact name of the limited liability company MATERIAL REALTY, LLC					
3. State of Formation RHODE ISLAND		THE PURCHASE, S	ALE, OWNERSHIP, MAI	b is actually conducted in Rhode Island NTENANCE AND SERVICING OF E, PRODUCTION AND SALE OF	F REAL PROP		
_	8 Gre	enville Roa		N. Smithfield	State R I	•	<i>Σι</i> ρ 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Robert A. Pezza				OR TITLE OF CONTACT PERSON: Contact Tule MEMBER			
Street Address	d Gre	enville Roa	d, No. Smith	City ield RI	State		Ζ Ψ
		FILL IN SPACES I	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAE HMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L	TACHMENT)	□) (2) / 7-16	-52
Manager Name		A .		Manager Name			
Street Address				Sirvei Address			
City		State	Zip	Cin-	State		Ζφ
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Ζψ	City	State		Zip
8. RESIDENT AGEN' Agent Name THOMAS C. PLUNKE		ODE ISLAND - DO N	OT ALTER : Changes	require filing of Form 642 - Address	R.I.G.L. 7-10	6-11 .	
91 FRIENDSHIP STREET				City PROVIDENCE	21p 02903-		

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



File Date	11/12/04
Check No.	1066
Ву:	V 3
f	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

of Authorized Person

ROBERT A. PEZZA, MEMBER

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 _

2003

I. ID No.	2. Exact name of the limited liability company				
117030	MATERIAL REALTY, LLC				
3. State of Formation		•	s which is actually conducted in Rhode Isla		TY ROTH IMPROVED
RHODEISLAND	THE PURCHASI	E, SALE, UWNEKSHIP, N VEITRUTHE MANITEACTI	MAINTENANCE AND SERVICING OF	CONSTRUCTION	MATERIALS AND ANY
5. Principal office address 618 Greenvi			N.Smithfield	RI	02896
6. MAILING ADDRES	S OF LIMITED LIABIL	ITY COMPANY AND NA	AME OR TITLE OF CONTACT PER	SON:	
Contact Name Robert A.	Pezza		Contact Title	EMBER	
Street Address			City	State	Zip
61d Green	ville Road		N. Smithfield	RI	02896
Manager Name			Manager Name		(2) / 7-16-52
Manager Name Since Address			•		
<u></u> -	State	Zip The state of t	Manager Name	State	Zip
Sinci Addres old c. een		Zip C	Manager Name Sircei Address		· · · · · · · · · · · · · · · · · · ·
Sinci Addres old c. een		Zip Cinc 34	Manager Name Sircei Address City		· · · · · · · · · · · · · · · · · · ·
Street Address Old G. een City Manager Name		Zip	Manager Name Sircei Address City Manager Name		
Since Address old c. een City Manager Name Street Address	State State	Zip	Manager Name Sircet Address City Manager Name Street Address	State	Zip
Since Address Old C. een City Manager Name Street Address City 8. RESIDENT AGENT Agent Name	State State T IN RHODE ISLAND	Zip	Manager Name Sircei Address City Manager Name Sircei Address City City ages require filing of Form 642	State	Zip
Street Address Old G. een City Manager Name Street Address City 8. RESIDENT AGENT	State State T IN RHODE ISLAND	Zip	Manager Name Sircei Address City Manager Name Sircei Address City City ages require filing of Form 642	State State - R.I.G.L. 7-16-	Zip

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

		* 1 1 7 0 3 \ 0 *
1	File Date _	12/18/63
	Sheck No By:	KD KD
l	FC	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

MEMBER A 9-9-0

Robert A. Pezza,

· MEMBER

Print or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, 7J 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) 2. Exact name of the limited liabilty company I. ID No. 117030 MATERIAL REALTY, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation The purchase, sale, ownership, maintenance and servicing ofreal **RHODE ISLAND** both improved and unimproved in the manufacture, production & 5. Principal office address sale of construction materials and any business permitted under the 02896 N. Smithfield КI 6118 Greenville Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Manager Robert A. Pezza Zip City State Street Address -- -02896 N. Smithfield RΙ 618 Greenville Road 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 Zip City Cin State Manager Name Manager Name ·Sirect Address Street Address State State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address igent Name THOMAS C. PLUNKETT City Address **PROVIDENCE** 02903-91 FRIENDSHIP STREET 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.