



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117030		2. Exact name of the limited liability company MATERIAL REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE, OWNERSHIP, MAINTENANCE & SERVICING OF REAL PROPERTY BOTH IMPROVED & UNIMPROVED IN THE MANUFACTURE, PRODUCTION & SALE OF CONSTRUCTION MATERIALS			
5. Principal office address 618 Greenville Road		City N. Smithfield	State RI	Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert A. Pezza		Contact Title MANAGER			
Street Address 618 Greenville Road.		City N. Smithfield	State RI	Zip 02896	
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		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 THOMAS C. PLUNKETT		Address 91 FRIENDSHIP STREET			
Address		City PROVIDENCE	Zip RI 02903		

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



1 1 7 0 3 0

File Date	9/15/05
Check No.	24011
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 statements contained herein are true and correct.

ROBERT A. PEZZA, MEMBER 9/15/05

Signature of Authorized Person Date

ROBERT A. PEZZA MANAGER

Print or Type Name of Authorized Person



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

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100 North Main Street
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117030		2. Exact name of the limited liability company MATERIAL REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE PURCHASE, SALE, OWNERSHIP, MAINTENANCE AND SERVICING OF REAL PROPERTY BOTH IMPROVED AND UNIMPROVED IN THE MANUFACTURE, PRODUCTION AND SALE OF CONSTRUCTION MATERIALS AND			
5. Principal office address 618 Greenville Road		City N. Smithfield	State RI Zip 02896		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Robert A. Pezza Contact Title MEMBER					
Street Address 618 Greenville Road, No. Smithfield		City RI	State RI Zip 02896		
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		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 THOMAS C. PLUNKETT			Address		
Address 91 FRIENDSHIP STREET			City PROVIDENCE	Zip 02903-	

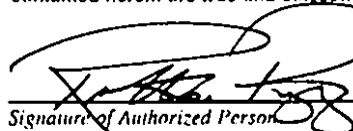
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 7 0 3 0 *

File Date	<u>11/12/04</u>
Check No.	<u>1066</u>
By:	<u>VP</u>
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.

 member 9/22/04
Signature of Authorized Person Date

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117030		2. Exact name of the limited liability company MATERIAL REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE PURCHASE, SALE, OWNERSHIP, MAINTENANCE AND SERVICING OF REAL PROPERTY BOTH IMPROVED AND UNIMPROVED IN THE MANUFACTURE, PRODUCTION AND SALE OF CONSTRUCTION MATERIALS AND ANY	
5. Principal office address 618 Greenville Road		City N. Smithfield	State RI
		Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert A. Pezza		Contact Title MEMBER	
Street Address 618 Greenville Road		City N. Smithfield	State RI
		Zip 02896	
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		Manager Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City		City	
State		State	
Zip		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 THOMAS C. PLUNKETT		Address	
Address 91 FRIENDSHIP STREET		City PROVIDENCE	Zip 02903

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



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File Date	<u>12/18/03</u>
Check No.	<u>1032</u>
By:	<u>KID</u>
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
MEMBER
Date 9-7-03
Robert A. Pezza, MEMBER
Print or Type Name of Authorized Person



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)

1. ID No. 117030		2. Exact name of the limited liability company MATERIAL REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island The purchase, sale, ownership, maintenance and servicing of real property both improved and unimproved in the manufacture, production & sale of construction materials and any business permitted under the act.	
5. Principal office address 618 Greenville Road		N. Smithfield RI 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert A. Pezza		Contact Title Manager	
Street Address 618 Greenville Road		City N. Smithfield	State RI Zip 02896
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	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name THOMAS C. PLUNKETT		Address	
Address 91 FRIENDSHIP STREET		City PROVIDENCE	Zip 02903

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



* 1 1 7 0 3 0 *

File Date	11-13-02
Check No.	91
By:	22
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 9/16/02
ROBERT A. PEZZA, MANAGER
Print or Type Name of Authorized Person