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 2004

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 liability company		
113931	Queerington Realty LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
RI	Real Estate Development		
5. Principal office address	**City**	**State**	**Zip**
2363 Post Rd	WARWICK	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Richard Johnston	Managing member		
Street Address	**City**	**State**	**Zip**
2363 Post Rd	WARWICK	RI	02886

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	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	Address	
Richard L Johnston		
Address	**City**	**Zip**
2363 Post Rd	Warwick RI	02886

FILED

JUN 08 2005

By AMK

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

68181

[redacted]

[redacted]

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.

6-8-05

Signature of Authorized Person *Date*

Richard Johnston

Print or Type Name of Authorized Person

[redacted]

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

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	2 Exact name of the limited liability company
113931	Accrington Realty, LLC

3 State of Formation	4 Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE HOLDING AND DEVELOPMENT

5 Principal office address	City	State	Zip
2363 POST RD	WARWICK	R. I	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
RICHARD L. JOHNSTON	

Street Address	City	State	Zip
2363 POST RD	WARWICK	R.I.	02886

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	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	Address	
RICHARD L. JOHNSTON		
Address	City	Zip
2363 POST ROAD	WARWICK	02886-

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

* 1 1 3 9 3 1 *

File Date 10-15-03
Check No. 138
By: [illegible]
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] 9/10/03
Signature of Authorized Person *Date*

RICHARD L. JOHNSTON
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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

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)

1. ID No. 113931	2. Exact name of the limited liabilty company: Accrington 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 HOLDING AND DEVELOPMENT

5. Principal office address	City	State	Zip
2363 Post Rd	WARWICK	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Richard L. Johnston	manager

Street Address	City	State	Zip
2363 POST RD	WARWICK	R.I	02886

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	Street Address	City	State	Zip
RICHARD L. JOHNSTON	2363 POST RD.	WARWICK	R.I	02886
JOHN SHEKARCHI	2363 POST RD.	WARWICK	R.I.	02886

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
RICHARD L. JOHNSTON			
Address: 2363 POST ROAD		WARWICK	02886-

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

* 1 1 3 9 3 1 *

File Date 8-30-02
Check No. 104
By: 2

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 8/29/02

Richard L. Johnston
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

Filing Fee: $50.00

To be filed annually between September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 113931 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   Accrington Realty, LLC

2. The address of the principal office of the limited liability company is:

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: RICHARD L. JOHNSTON

   2363 POST ROAD WARWICK RI 02886-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 2363 Post Rd WARWICK RI 02886

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Holdings & Development and any other legal business

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	*Address*
Richard L. Johnston	2363 Post Rd WARWICK RI 02886
John E Shekarchi	2363 Post Rd WARWICK RI 02886

Dated _____

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.

Accrington Realty LLC
Exact Name of Limited Liability Company

By _____

Manager
Title

1 1 3 9 3 1

FOR SECRETARY OF STATE USE ONLY
File Date: 4-26-02
Check No.: 103
By: [illegible]

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING
Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the [illegible] office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be