



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. 112131		2. Exact name of the limited liability company PRESCOD REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY COMPANY	
5. Principal office address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GLENN PRESCOD		Contact Title MEMBER	
Street Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
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 Glenn Prescod		*Manager Name	
Street Address 333 School Street, Ste. 301		*Street Address	
City Pawtucket	State RI	Zip 02860	*City
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*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 GLENN PRESCOD		Address	
Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET, RI	Zip 02860

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 05 OCT 28 PM 1:14

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.

Glenn Prescod, 10/12/05
Signature of Authorized Person Date

GLENN PRESCOD
Print or Type Name of Authorized Person

FILED	
File Date	OCT 28 2005
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By:	By <i>M81183</i>
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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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100 North Main Street, Providence, RI 02903-1335
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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. 112231		2. Exact name of the limited liability company PRESCOD REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY COMPANY	
5. Principal office address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GLENN PRESCOD		Contact Title MEMBER	
Street Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
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 Glenn Prescod		*Manager Name	
Street Address 333 School Street, Ste. 301		*Street Address	
City Pawtucket	State RI	City	State
	Zip 02860		Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	City	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 GLENN PRESCOD		Address	
Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET, RI	Zip 02860

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By: QBB

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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] 10/12/05

Signature of Authorized Person Date

GLENN PRESCOD

Print or Type Name of Authorized Person



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. <u>112131</u>		2. Exact name of the limited liability company PRESCOD REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY COMPANY	
5. Principal office address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GLENN PRESCOD		Contact Title MEMBER	
Street Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
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Street Address 333 School Street, Ste. 301		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
Street Address		Street Address	
City	State	City	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 GLENN PRESCOD		Address	
Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET, RI	Zip 02860

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By: GMP

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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] 10/12/05
Signature of Authorized Person Date

GLENN PRESCOD
Print or Type Name of Authorized Person



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Corporations Division
100 North Main Street, Providence, RI 02903-1335
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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. 1102131		2. Exact name of the limited liability company PRESCOD REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY COMPANY	
5. Principal office address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GLENN PRESCOD		Contact Title MEMBER	
Street Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET	State RI
		Zip 02860	
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 Glenn Prescod		*Manager Name	
Street Address 333 School Street, Ste. 301		*Street Address	
City Pawtucket	State RI	Zip 02860	*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 GLENN PRESCOD		Address	
Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET, RI	Zip 02860

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By:	QSA
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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] **10/24/05**
 Signature of Authorized Person Date

GLENN PRESCOD
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112131		2. Exact name of the limited liability company PRESCOD REALTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY COMPANY	
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City Pawtucket	State RI	City	State
Zip 02860		Zip	
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City	State	City	State
Zip		Zip	
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Agent Name GLENN PRESCOD		Address	
Address 333 SCHOOL STREET, STE. 301		City PAWTUCKET, RI	Zip 02860

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By: <u>By M81183</u>
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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] 10/12/05
Signature of Authorized Person Date

GLENN PRESCOD
Print or Type Name of Authorized Person