



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Div.
100 North Main St
Providence, RI 02903-1
401.222.3

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. 110633		2. Exact name of the limited liability company LEGAULT 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 446 Dyer Avenue		City Cranston	State RI
			Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Robert Legault Contact Title: Member			
Street Address 446 Dyer Avenue		City Cranston	State RI
			Zip 02920
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 Robert Legault		Manager Name	
Street Address 36 Bicknell Avenue		Street Address	
City Cranston	State RI	Zip 02910	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City State Zip	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 ROBERT W. LEGAULT		Address	
Address 446 DYER AVENUE		City CRANSTON	Zip 02920-

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

Robert Legault 9/19/05
Signature of Authorized Person Date

Robert Legault

Print or Type Name of Authorized Person

File Date 9/19/05 110633*
Check No. 187
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divs.
100 North Main Str
Providence, RI 02903-15
401.222.30

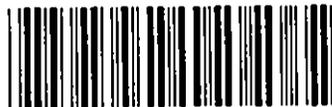
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Manager Name Robert Legault		Manager Name	
Street Address 36 Bicknell Avenue		Street Address	
City Cranston	State RI	City	State
	Zip 02910		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 ROBERT W. LEGAULT		Address	
Address 446 DYER AVENUE		City CRANSTON	Zip 02920

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



* 1 1 0 6 3 3 *

File Date 10/12/04
Check No. 4742
By: DA
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] 10/8/04
Signature of Authorized Person Date

Robert Legault
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
 401.222.3046

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. 110633		2. Exact name of the limited liability company LEGAULT REALTY, LLC			
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
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Street Address 446 Dyer Avenue		City Cranston	State RI	Zip 02920	
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 Robert Legault			Manager Name		
Street Address 36 Bicknell Avenue			Street Address		
City Cranston	State RI	Zip 02910	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 ROBERT W. LEGAULT			Address		
Address 446 DYER AVENUE			City CRANSTON	Zip 02920	

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



File Date 10/16/03
 Check No. 3887
 By: [Signature]
 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] / 9/15/03
 Signature of Authorized Person Date

Robert Legault
 Print or Type Name of Authorized Person



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 02903-1301
401.222.3100

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. 110633		2. Exact name of the limited liability company LEGAULT REALTY, LLC			
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
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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 Robert Legault		Street Address			
Street Address 36 Bicknell Avenue		City			
City Cranston	State RI	Zip 02910	Manager Name		
Street Address		City			
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 ROBERT W. LEGAULT		Address			
Address 446 DYER AVENUE		City CRANSTON		Zip 02920	

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



* 1 1 0 6 3 3 *

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 Legault 9/17/02
Signature of Authorized Person Date

Robert Legault
Print or Type Name of Authorized Person

File Date	9-17-02
Check No.	120
By:	<i>RL</i>
FOR SECRETARY OF STATE USE ONLY	

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 110633

Annual Report for the year 2001

1. The name of the limited liability company is:

LEGAULT 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: ROBERT W. LEGAULT

446 DYER AVENUE CRANSTON RI 02920-

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: Robert Legault

446 Dyer Avenue, Cranston, RI 02920

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Auto Body Repair

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated ✓ 10-25-01

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.



Legault Realty, LLC
Exact Name of Limited Liability Company

By ✓ [Signature]
✓ Pres. Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-29-01</u>
Check No.:	<u>109</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99