

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No 2. Exact name of the limited liabilty company 109133 SWS Realty, LLC 4. Brief description of the character of the husiness which is actually conducted in Rhode Island 3. State of Formation REALTY HOLDING COMPANY RHODE ISLAND 5. Principal office address City Zin 1637 MINERAL SPRING AVENUE NORTH PROVIDENCE RI 02904 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title STEVEN W SILVERBERG Street Address State 1637 MINERAL SPRING AVE .NORTH PROVIDENCE RI 02904-7. 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 · Manuger Name Steven W. Silverberg · Şireci Address Sireci Address 1637 Mineral Spring Avenue State State City Zip RI 02904 N. Providence Manager Name Manager Name

·Sircei Address

City

Address

PROVIDENCE

City

86 WEYBOSSET STREET

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

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



State

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B _E (D)	
FOR SECRETARY OF STATE USE ONLY	

Sircei Address

Address

RODIO & URSILLO, LTD.

Under penalty of perjury, I declare and attirm that I have examined
his report, including any accompanying schedules and statements,
and that all statements contained herein are true and correct.
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9/11/05
(/) () () ()
Signature of Authorized Person / Date
de la la la de la
FORTH & SHUSEPHIE
Print or Type Name of Authorized Person
77

Zip

02903



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

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

1. ID No. 109133		RINTED IN BLACK) I name of the limited liability company Realty, LLC				
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND REALTY HOLDING COMPANY			ING COMPANY			
5. Principal office	oddress			City	State	Zip
1637 MINER	RAL SPRING	AVENUE		NORTH PROVIDENCE	RI	02904
6. MAILING Contact Name STEVEN W S			ABILITY COMPANY	Contact Title	CONTACT	PERSON:
Sireet Address				City	State	Zip
1637 MINER	AL SPRING	AVE		.NORTH PROVIDENCE	RI	02904-
Manuger Name				• Manager Name		
STEVEN W	. SILVERB	ERG	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
STEVEN W Street Address 1637, MIN		erg na avenue		Sircei Address		
STEVEN W Street Address 1637. MINI City	ERAT SPRI	N AVENUE	Zip	· · · · · · · · · · · · · · · · · · ·	State	Zip
STEVEN W Street Address 1637. MINI City N. PROVIDI	ERAT SPRI	N° AVENUE	Zip 02904	Street Address	State	Zip
STEVEN W	ERAT SPRI	N AVENUE	1 '	Street Address City	State	Zip
STEVEN W Street Address 1637. MINI City N. PROVIDI Manager Name Street Address	ERAT SPRI	N AVENUE	1 '	Street Address City Manuger Name	State	7.ip
STEVEN W Street Address 1637. MINI City N. PROVIDI Manager Name Street Address City 8. RESIDENT	ERAT SPRI	NG AVENUE State RI State	02904 Zip	*Street Address *City *Manuger Name *Street Address	State	Zip
STEVEN W Street Address 1637. MINI City N. PROVIDI Manager Name Street Address City 8. RESIDENT A Igent Name	ERAT SPRI	NG AVENUE State RI State	02904 Zip	Sircei Address City Manager Name Street Address City Tiges require filling of Form	State 642 - R.I.G	Zip
STEVEN W Street Address 1637. MINI City N. PROVIDI Manager Name Street Address City	ERAT SPRI	NG AVENUE State RI State	02904 Zip	Street Address City Manager Name Street Address City nges require filling of Form Address	State 642 - R.I.G	Zip

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

*109133 E	DLLC ρ9/16/04 01:36:42 PM°
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Bv:	V),

Under penalty of perjury, I declary and affirm	ı that I have examined
this report, including any accompanying scho	edules and statements,
and that all statements contained herein are to	rue and correct.
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18 (N) 1~	9/27/07
/ GWV	
Signature of Authorized Porton	Date '
di w 0:1	•
Steven W. Silverberg	
Print or Type Name of Authorized Person	

Form 632 Rcv. 6/02



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) I. ID No. 2. Exact name of the limited liabilty company 109133 SWS Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING COMPANY RHODE ISLAND 5. Principal office address State Zip NORTH PROVIDENCE 1637 MINERAL SPRING AVENUE RI 02904 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title STEVEN W SILVERBERG Street Address City State Zip 1637 MINERAL SPRING AVE .NORTH PROVIDENCE RI 02904-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING APPACHMENTS ("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 Steven W. Silverberg Street Address Street Address 1637 Mineral Spring Avenue State State Zip ·City Zip North Providence RΙ 02904 Manager Name Manager Name Street Address ·Sirect Address State Zip Zap State 8. RUSIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.Gl., 7-16-11 Address RODIO & URSILLO, LTD. 86 WEYBOSSET STREET Address City Zip **PROVIDENCE** 02903

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



109133	DLL	C 09/1	7/03 11:10:01 AM
File Date	9	29	03
i Check No.	{1	04 ⁻	1
B _{YC}	C	pr	
FOR SECR	ETAR	Y OF STA	ATE 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.

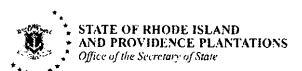
9/23/03

Signature of Authorized Parton

Date

Steven W. Silverberg

Print or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Sweet, 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 TYPEL	OR PRINTED IN BL	ACK)			
	2. Exact name of the li SWS Realty, LLC				
3. State of Formation RHODE ISLAND	4. Brief descri REALTY H	ption of the character of the DLDING COMPANY	business which is actually conducted in Rh	ode Island	
5 Pencipal office address 1637 MINERAL S			City NORTH PROVIDENCE	State R I	<i>Zip</i> 02904
6 MAILING ADDR Connect Name STEVEN W SILVE		LIABILITY COMPA	NY AND NAME ON THEE OF C Contact little	ONTACT	PERSON:
Sirect Address 1637 MINERAL SI	PRING AVE		Cay NORTH PROVIDENCE	State RI	Zq 02904-
	HIA, IX	PACES HEFORE USING	ARIATED LLABILATY CORPAN ATTACHRERIS COMMONENT REGI IRES FILING OF AMENDMENT, REGI	TTACHMEN	ηO
Manager Name		•	•Manager Name		istoria de la compania de la compani La compania de la co
Steven W. Silve	erberg		•		
Street Address			Sireei Address		
1637 Mineral Sp	pring Avenue		<u> </u>		
<i>Cuy</i> North Providenc	State RI	Zφ 02904	*Cip	State	Zip
Manager Name	• • • • • • • • •	• • • • • • • • • • •	Manager Name	• • • • • •	•••••
Sweet Address			*Street Address		
Сиу	State	Zip	Cuv	State	Zip
8: RESIDENT AGENT Agent Name	IN RIODE ISLA	ND DO NOT ALTER-CH	langes require filing of Form	6 42 - H I G	i. 7:1 6 -11
RODIO & URSILLO), LTD.		86 WEYBOSSET STREE	ET	
Address			City		Zip
			PROVIDENCE		02903

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

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FOR SECRETARY	On em	5TT 636	מב א	KY V		•

Under penalty of perjury, I declare and af	firm that I have examined
this report, including any accompanying	schedules and statements,
and that all statements contained herein a	re true and correct.
The W James	9/6/02
Agnature of Authorized Person	Date
Steven W. Silverberg	
Print of Type Name of Authorized Person	

Filing Fee: \$50.00

By:

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

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Revised 01/99

LIMITED LIABILITY COMPANY

ID	Number DLLC 109133	Annual Report for the year 2001			
The name of the limited liability company is:					
	SWS Realty, LLC				
2.	The address of the principal office of the	limited liability company is:			
	1637 Mineral Spring Avenue,	North Providence, RI 02904			
3.	The state or other jurisdiction under the la	aws of which it is formed is RHODE ISLAND			
4.	The name and address of its resident ag	ent is: RODIO & URSILLO, LTD.			
	86 WEYBOSSET STREET PROVIDENCE	CE RI 02903			
5.	The current mailing address of the limited	d liability company and the name or title of a person to whom communication			
	may be directed are: 1637 Minera	al Spring Avenue, North Providence, RI 02904			
	Steven W. S	ilverberg			
6.	A brief statement of the character of the	ne business in which the limited liability company is actually engaged in this			
	state: Realty Holding Company				
7.	If the limited liability company has manag	gers, the name and address of each manager of the limited liability company Address			
	Steven W. Silverberg	1637 Mineral Spring Avenue, N. Providence, RI 02904			
Da	ated	Under penalty of perjury, I declare and affirm that I have examined thi report, including any accompanying schedules and statements, and			
	81 8 8 8 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10 	that all statements contained herein are true and correct.			
		SWS Realty, ILC			
	1 0 7 1 3 3	Exact Name Of Limited Liability Company			
ile	FOR SECRETARY OF STATE USE ONLY Date:	By Da W James			
	7 2000	ENS Read, UKC) PREVIDENT			
J.110	3893	Title Form No. 632			

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

Form No. 632

Revised 01/99



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 109133	Annual Report for the year 2000
1.	The name of the limited liability compa	any is:
	SWS Realty, LLC	
2.	The address of the principal office of t	he limited liability company is:
	1637 Mineral Spring Avenue,	North Providence, RI 02904
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: RODIO & URSILLO, LTD.
	86 WEYBOSSET STREET PROVIDE	ENCE RI 02903
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
	may be directed are: 1637 Minera	al Spring Avenue, North Providence, RI 02904
	Steven W. S	Silverberg
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this
	state: Realty Holding Company	7
7.	If the limited liability company has mai	nagers, the name and address of each manager of the limited liability company **Address**
	Steven W. Silverberg	1637 Mineral Spring Avenue, N. Providence, RI 02904
Dat	ted Spots 16 W	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.
		SWS Realty, LLC
	1 0 9 1 3 3	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY	By SW & Renty, WC
File	Date: 9/27	Atra W Alm