

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 401.2223040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

Filing Period: Septen			Filing Fee: \$50.00					
1. ID No		R PRINTED IN BLACK) 2. Exact name of the limited liability company						
135435		•	y company					
	I K.U.L. I	R.D.L. Realty, IIC 4. Brief description of the character of the business which is actually conducted in Rhode Island						
3. State of Formation				·				
RHODE ISLAND		PURCHASING, SEL	LING, MANAGING AND	DEVECTING REAL PROPERTY				
5. Principal office address	3			City.	State		Zip	
483 Greenv	ille A	Avenue	OMPANY AND NAME	Johnston OR TITLE OF CONTACT PERS	RI		_ 02919	
Contact Name	.55 O. L.			Contact Title				
Rich	ard E	.Lafazia		Manager				
Street Address				City	State	State Zip		
483 Greenvi	lle Av	venue		Johnston	. R	I	02919.	
7. NAME AND ADD	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE	_		
AN	Y MODE		BEFORE USING ATTAC				.52	
Manager Name				ING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 : Manager Name				
••	Richa	cd E. Lafazia						
Street Address		· · · · · · · · · · · · · · · · · · ·		Street Address				
483 Greenvi	lle Av	venue						
Clty		Sinie	ZIP	City	State		Ζφ	
Johnston	Johnston RI 02919			<u>.</u>	<u>.</u> [<u>]</u>	
Manager Name			Manager Name					
Street Address			Street Address					
City		State	Zip	City	State		Zip	
8 RESIDENT AGEN	TINRH	 ODE ISLAND - DO N	! IOT ALTER . Changes	coulee filing of Form 642.	 		'	
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes Agent Name			Address					
JACK D. PITTS								
Address			City	2.φ				
635 KILLINGLY STREET			OHNSTON 02919-					
								

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,			
Pite Date - 7/5/05 135435°	contained herein are true and correct.			
Check No	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	Richard E. Lafazia Print or Type Name of Authorized Person			



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401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004

Filing Period: Septen (FORM MUST BE TYPED)	iber 1 -	November 1 •	Filing Fee: \$50.00	REFORT FOR 11	HE LEAK			
1. ID No. 135435	2. Exact	name of the limited liability company Realty, IIc						
3 State of Formation RHODE ISLAND			•	ich is actually conducted in Rhode		erty		
5. Principal office address				City	State	_	Ζψ	
483 Greenville Ave. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Conlact Name				Johnston RI 02919 E OR TITLE OF CONTACT PERSON: Contact Title				
	ara E.	Lafazia		Manager			Te::	
Street Address	_			City	State		<i>Х.</i> ф	
	RESS OF	EACH MANAGER OF FILL IN SPACES FICATIONS TO MAN	BEFORE USING ATTA	. Johnston ILITY COMPANY, IF APPLI CHMENTS ("X" BOX FOF LING OF AMENDMENT, R.I Manager Name	R ATTACHMENT) [02919 3-52	
Street Address	10.13	Luziu		Street Address				
483 Greenville Avenue								
City State Zip Johnston RI 02919			· ·	City	State	State Zip		
Manager Name				Manager Name				
Street Address			·	Street Address				
City		State	Zip	City State			Zip	
8. RESIDENT AGENT Agent Name JACK D. PITTS	r in Rh	ODE ISLAND - DO I	NOT ALTER - Changes	require filing of Form 6	42 - R.I.G.L. 7-1	6-11	•	
Address 635 KILLINGLY STREET			City JOHNSTON	7.tp 02919-				

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* ′	1 3	5 5	;	4 3	3	5	*

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.

File Date				
Check No.	134			
Ву:	<u> </u>			
FOR SECRETARY OF STATE USE ONLY				

12/1/2	7	9/20/04
Signature of Authorized Person	٠٠٠-	Bate

Richard E. Lafazia

Print or Type Name of Authorized Person