



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.<br>109735  |       | 2. Exact name of the limited liability company<br>Lexi Realty, LLC   |              |              |     |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE HOLDING |              |              |     |
| 5. Principal office address<br>922 RESERVOIR AVENUE  |       | City<br>CRANSTON   | State<br>RI  | Zip<br>02910 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |              |              |     |
| Contact Name<br>ROBERT T. LEONARD, JR.   |       | Contact Title<br>MEMBER  |              |              |     |
| Street Address<br>922 RESERVOIR AVENUE   |       | City<br>CRANSTON   | State<br>RI  | Zip<br>02910 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |  |              |              |     |
| Manager Name<br>NONE   |       | 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<br>GERALD PARASCANDOLO, ESQ.  |       | Address<br>121 SOUTH MAIN STREET   |              |              |     |
| Address<br>BROWN RUDNICK BERLACK ISRAELS LLP   |       | City<br>PROVIDENCE   | Zip<br>02903 |              |     |

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



1 0 9 7 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.

Signature of Authorized Person *Robert T. Leonard, Jr.* Date *10/19/05*

ROBERT T. LEONARD, JR.

Print or Type Name of Authorized Person

File Date *10-18-05*

Check No. *277*

By: *RMF*

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 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.<br>109735  |       | 2. Exact name of the limited liability company<br>Lexi Realty, LLC   |              |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE HOLDING |              |
| 5. Principal office address<br>922 RESERVOIR AVENUE  |       | City<br>CRANSTON   | State<br>RI  |
|  |       | Zip<br>02910   |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |              |
| Contact Name<br>ROBERT T. LEONARD, JR.   |       | Contact Title<br>MEMBER  |              |
| Street Address<br>922 RESERVOIR AVENUE   |       | City<br>CRANSTON   | State<br>RI  |
|  |       | Zip<br>02910   |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |  |              |
| Manager Name<br>NONE   |       | Manager Name   |              |
| Street Address   |       | Street Address   |              |
| City   | State | Zip  | City         |
| State  | Zip   | City   | State        |
| Manager Name   |       | Manager Name   |              |
| Street Address   |       | Street Address   |              |
| City   | State | Zip  | City         |
| State  | Zip   | City   | State        |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11  |       |  |              |
| Agent Name<br>GERALD PARASCANDOLO, ESQ.  |       | Address<br>121 SOUTH MAIN STREET   |              |
| Address<br>BROWN RUDNICK BERLACK ISRAELS LLP   |       | City<br>PROVIDENCE   | Zip<br>02903 |

This report must be signed in ink by an authorized person pursuant to 7-16-00.



1 0 9 7 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.

Signature of Authorized Person Date 9/19/04

ROBERT T. LEONARD, JR.  
Print or Type Name of Authorized Person

|                                    |          |
|------------------------------------|----------|
| *109735 DLLC 09/03/03 04:33:10 PM* |          |
| File Date                          | 10-18-04 |
| Check No.                          | 172      |
| By:                                |          |
| 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 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.<br>109735  |       | 2. Exact name of the limited liability company<br>Lexi Realty, LLC   |              |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE HOLDING |              |
| 5. Principal office address<br>922 RESERVOIR AVENUE  |       | City<br>CRANSTON   | State<br>RI  |
|  |       | Zip<br>02910   |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |              |
| Contact Name<br>ROBERT T. LEONARD, JR.   |       | Contact Title<br>MEMBER  |              |
| Street Address<br>922 RESERVOIR AVENUE   |       | City<br>CRANSTON   | State<br>RI  |
|  |       | Zip<br>02910   |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |  |              |
| Manager Name<br>NONE   |       | Manager Name   |              |
| Street Address   |       | Street Address   |              |
| City   | State | City   | State        |
| Zip  |       | 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<br>GERALD PARASCANDOLO, ESQ.  |       | Address<br>121 SOUTH MAIN STREET   |              |
| Address<br>BROWN RUDNICK BERLACK ISRAELS LLP   |       | City<br>PROVIDENCE   | Zip<br>02903 |

**FILED**

SEP 10 2003

3v kmc

C5385

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



1 0 9 7 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.

*Robert T. Leonard, Jr.*  
Signature of Authorized Person Date 9/9/03

ROBERT T. LEONARD, JR.

Print or Type Name of Authorized Person

\*109735 DLLC 09/03/03 04:33:10 PM\*

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

**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.<br>109735  |              | 2. Exact name of the limited liability company<br>Lexi Realty, LLC   |              |
| 3. State of Formation<br>RHODE ISLAND  |              | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE HOLDING |              |
| 5. Principal office address<br>922 Reservoir Avenue  |              | City<br>Cranston   | State<br>RI  |
|  |              | Zip<br>02910   |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |              |  |              |
| Contact Name<br>Robert T. Leonard, Jr.   |              | Contact Title<br>Member  |              |
| Street Address<br>922 Reservoir Avenue   |              | City<br>Cranston   | State<br>RI  |
|  |              | Zip<br>02910   |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |              |  |              |
| Manager Name<br>None   |              | Manager Name   |              |
| Street Address   |              | Street Address   |              |
| City   | State        | Zip  | City         |
| State  | Zip          | City   | State        |
| Manager Name   | Manager Name | Manager Name   | Manager Name |
| Street Address   |              | Street Address   |              |
| City   | State        | Zip  | City         |
| State  | Zip          | City   | State        |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11  |              |  |              |
| Agent Name<br>GERALD PARASCANDOLO, ESQ.  |              | Address<br>BROWN RUDNICK BERLACK ISRAELS LLP   |              |
| Address<br>121 SOUTH MAIN STREET   |              | City<br>PROVIDENCE   | Zip<br>02903 |

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



\* 1 0 9 7 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

10-17-02

Check No.

107

By:

ANF

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

Robert T. Leonard, Jr.  
Print or Type Name of Authorized Person

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 DLIC 109735

Annual Report for the year 2001

1. The name of the limited liability company is:

Lexi Realty, LLC

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

922 Reservoir Avenue, Cranston, RI 02910

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903

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 T. Leonard, Jr.

922 Reservoir Avenue, Cranston, RI 02910

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Holding Company

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

| Name        | Address |
|-------------|---------|
| <u>None</u> |         |
|             |         |
|             |         |

Dated 8/29/01



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.

Lexi Realty, LLC

Exact Name of Limited Liability Company

By [Signature]

8/29/01

Member

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 9-5-01

Check No.: 4188

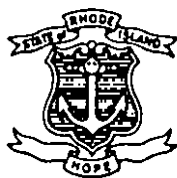
By: KMF

**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 registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040, or from a county clerk's office.

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 109735

Annual Report for the year 2000

1. The name of the limited liability company is:

Lexi Realty, LLC

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

922 Reservoir Avenue, Cranston, RI 02910

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903

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 T. Leonard, Jr.

922 Reservoir Avenue, Cranston, RI 02910

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

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

| Name | Address |
|------|---------|
|------|---------|

None

Dated 9/13/2000



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.

Lexi Realty, LLC

Exact Name of Limited Liability Company

By [Signature]

MEMBER  
Title

FOR SECRETARY OF STATE USE ONLY

File Date:

SEP 18 2000

Check No.:

By CC 3838

By:

Form No. 632  
Revised 01/99