

STATE OF RHODE ISLAND AND PROVIDENCE PROVIDENCE ON Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPA	NY ANNUAL REPORT FOR THE YEAR	2005
Filing Period: September 1 - November 1 - '•	Filing Fee: \$50.00	

FORM MUST HE TYPED	OR PRINTED IN BLA	CK)	•					
1. ID No	2. Exact name of the	finited liability company						
136838	957 Realty, LLC	357 Realty, LLC						
3. State of Formation	4. Brief des	cription of the character of the busin	ness which is actually conducted in Rhode Islan	ed .	<u></u>			
RHODE :SLAND	REAL E	STATE-COMMERCIAL AND R	ESIDENTIAL					
5 Principal office address			City	State	Zφ			
197	Taunton Av	enue, Suite 203	East Providence	RI	02914			
Contact Name		ABILITY COMPANY AND S	NAME OR TITLE OF CONTACT PERS	SON:	·			
Sircei Address			City	State	Zip			
197	Taunton Av	East Providence	RI	02914				
ManagerName Orla			S FILING OF AMENDMENT, R.I.G.1 Manager Name					
Street Address 197	Taunton Av	enue, Suite 203	Street Address	-				
Ciny East Provide	State	^{2ip} 02914	Gių:	State Zip				
Manager Name	•••••••••••••••••••••••••••••••••••••••	•	Manager Name	•••••••	•••••••••••••••••••••••••••••••••••••••			
Street Address			Street Address					
Cuy	State	Zip	City	State	Zip			
8. RESIDENT AGEN Agent Name	T IN RHODE ISLA	ND DO NOT ALTER - Cha	inges require filing of Form 642 -	R.I.G.L. 7-16-	11,			
ORLANDO A. ANDREC	ONIINC				<u>.</u>			
Address			City		Zip			
		EAST PROVIDENCE 02914						

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

Tile Date	FILED
ue Date heck No.	SEP 0 1 2005
v:	By 1697
•	FOR SECRETARY OF STATE USE SECTION

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 heroin are true and correct.

Signature of Authorista Person

Date

Orlando A. Andreoni

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

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

Corporations L.: 100 North Main Street Providence, RI 02903-1335 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2004

(FORM MUST BE TYPED O	OR PRINTS	ED IN BLACK)				
J. ID No.	2 Exact no	ame of the limited liabilit	у сотрану			
136838	957 Rea	ltv.LLC_				
3 State of Formation	1	1. Brief description of the	character of the hustness whi	ch is actually conducted in Rhode Islam	d	
RHODE ISLAND		Real Esta	te- Commercial	and Residential		
5. Principal office address				City	State	7.tp
l 197 Tauntor	n Aveni	ne		East Providence	RI	02914
6. MAILING ADDRES	S OF LIN	MITED LIABILITY (COMPANY AND NAME	' OR TITLE OF CONTACT PERS	ON:	•
Contact Name				Contact Title		
Orlando A.	. Andre	eoni				
Street Address		•		City	State	
197 Tauntor	n Aver	nue		•		Zip
	,			East Providence	•	02914
7. NAME AND ADDR	ESS OF I			LITY COMPANY, IF APPLICAT		_
4.5/2	/ M/MINE			HMENTS ("X" BOX FOR AT		
	ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52				(2) / 7-16-52	
Manager Name				Manager Name		
Orlando A.	Andred	oni				
Street Address				Street Address		
197 Taunto	on Ave	enue				
City		State	Ztp	City	State	Zip
East Provi	idence	RI	02914			7.77
Manager Name		•••••••••••	l	Manager Name	. l	
				nanager Mane		•
Street Address				Street Address		
				Section Surveys		
Cay	T	State	Zip	- City	State	I m.:
-	٦	······	μ·	cirj.	State	Zip
8 RESIDENT AGENT	IN RHO	DE ISLAND : DO N	OT ALTER Changes	: require filing of Form 642 -	 	
Agent Name	iii kiio	DE 131,4(1) - 1)O (Or ALTER - Changes	Address	K.I.G.L. /-10	
190 m 1 divisit				Nuares		
ORLANDO A ANDREO	ואכ					
Address			City	Ţ	Zip	
407 TAHATON AVENU	IE CHITE!	202		1		·
L 197 TAUNTON AVENU	E, SUILE 7	<u> </u>		EAST PROVIDENCE	l	02914

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



File Date 1015/04
Check No. 1313
Ву:
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 of Antholised Forton Date

Orlando A. Andreoni

Print or Type Name of Authorized Person