



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|--------------------|--|---------------------|
| 1. ID No. 88539 | | 2. Exact name of the limited liability company GMD Realty Enterprises, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE | |
| 5. Principal office address 500 North Broadway | | City East Providence | State RI |
| | | Zip 02914 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Eustace T. Pliakas | | Contact Title | |
| Street Address Tillinghast Licht LLP 10 Weybosset Street | | City Providence | State RI |
| | | Zip 02903-2818 | |
| 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 Gregory M. Demetrakas | | Manager Name | |
| Street Address 500 North Broadway | | Street Address | |
| City East Providence | State RI | City | State |
| Zip 02914 | | 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 EUSTACE T. PLIAKAS, ESQ. | | Address | |
| Address 10 WEYBOSSET STREET | | City PROVIDENCE | Zip 02903 |

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



| | |
|---------------------------------|---------|
| File Date 9/23/05 | *88539* |
| Check No. 2463 | |
| By: A | |
| 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 Authorized Person
Date
9/21/05
Gregory M. Demetrakas
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
401.222.3040

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. 88539 | | 2. Exact name of the limited liability company GMD Realty Enterprises, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE | |
| 5. Principal office address 500 North Broadway | | City East Providence | State RI |
| | | Zip 02914 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Eustace T. Pliakas | | Contact Title | |
| Street Address Tillinghast Licht Perkins Smith & Cohen, LLP | | City Providence | State RI |
| 10 Weybosset Street | | Zip 02903-2818 | |
| 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 Gregory M. Demetrakas | | Manager Name | |
| Street Address 500 North Broadway | | Street Address | |
| City East Providence | State RI | City | State |
| Zip 02914 | | City | State |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | 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 EUSTACE T. PLIAKAS, ESQ. | | Address | |
| Address 10 WEYBOSSET STREET | | City PROVIDENCE | Zip 02903 |

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



* 8 8 5 3 9 *

| | |
|---------------------------------|----------------|
| File Date | 10/6/04 |
| Check No. | 2327 |
| By: | W. |
| 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 Authorized Person
Gregory M. Demetrakas
Print or Type Name of Authorized Person
Date
10/05/04



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. 88539 | | 2. Exact name of the limited liability company GMD Realty Enterprises, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE | | | |
| 5. Principal office address 500 North Broadway | | City East Providence | State RI | Zip 02914 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Eustace T. Pliakas | | | Contact Title | | |
| Street Address Tillinghast Licht Perkins Smith & Cohen, LLP -- 10 Weybosset St. | | City Providence | State RI | Zip 02903 | |
| 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 Gregory M. Demetrakas | | | Manager Name | | |
| Street Address 500 North Broadway | | | Street Address | | |
| City East Providence | State RI | Zip 02914 | 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 EUSTACE T. PLIAKAS, ESQ. | | | Address | | |
| Address 10 WEYBOSSET STREET | | | City PROVIDENCE | Zip 02903 | |

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



| | |
|---------------------------------|----------------|
| File Date | 10/2/03 |
| Check No. | 2187 |
| By: | |
| 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 Authorized Person Date
Gregory M. Demetrakas, Pres.
Print or Type Name of Authorized Person



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. 88539 | | 2. Exact name of the limited liability company GMD Realty Enterprises, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE | |
| 5. Principal office address 500 North Broadway | | City East Providence | State RI |
| | | Zip 02914 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Eustace T. Pliakas | | Contact Title | |
| Street Address Tillinghast Licht Perkins Smith & Cohen, LLP - 10 Weybosset Street | | City Providence | State RI |
| | | Zip 02903 | |
| 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 Gregory M. Demetrakas | | Manager Name | |
| Street Address 500 North Broadway | | Street Address | |
| City East Providence | State RI | City | State |
| Zip 02914 | | 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 EUSTACE T. PLIAKAS, ESQ. | | Address | |
| Address 10 WEYBOSSET STREET | | City PROVIDENCE | Zip 02903 |

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



* 8 8 5 3 9 *

| | |
|---------------------------------|--------------------|
| File Date | 10-7-02 |
| Check No. | 2038 |
| By: | <i>[Signature]</i> |
| 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] 10/4/02
Signature of Authorized Person Date
Gregory M. Demetrakas President
~~Eustace T. Pliakas, Authorized and Representative~~
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

LIMITED LIABILITY COMPANY

ID Number LL88539

Annual Report for the year 2001

1. The name of the limited liability company is:

GMD Realty Enterprises, LLC

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

500 North Broadway, East Providence, RI 02914

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: Eustace T. Pliakas

Tillinghast Licht Perkins Smith & Cohen, LLP

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: 500 North Broadway, East Providence, RI 02914

Gregory M. Demetrakas, President

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

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

Name

Address

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.

GMD Realty Enterprises, L.L.C.

Date: September 28, 2001

Exact Name of Limited Liability Company

By

President

Title

10-1-01
Ck # 1903
2

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

LIMITED LIABILITY COMPANY

ID Number LL 88539

Annual Report for the year 2000

1. The name of the limited liability company is:

GMD Realty Enterprises, LLC

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

500 North Broadway East Providence RI 02914

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:

Eustace T. Pliakas

Tillinghast, Licht, Perkins, Smith + Cohen, LLP

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:

500 North Broadway, East Providence RI

Gregory M. Demetrakas, Pres

02914

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

Rental real estate

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

Name

Address

Date: 10-3-00

10/4
#1757
a

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.

GMD Realty Enterprises, L.L.C.

Exact Name of Limited Liability Company

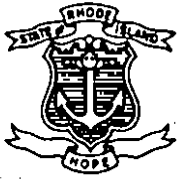
By

Gregory M. Demetrakas
President

Title

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 LL 88539

Annual Report for the year 1999

1. The name of the limited liability company is:

GMD Realty Enterprises, LLC

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

500 North Broadway East Providence, RI 02914

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: EUSTACE T. PLIAKAS

TILLINGHAST LIGHT & SEMONOFF ONE PARK ROW 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: 500 N Broadway East Prov, R.I. 02914

Gregory M Demetarakas President.

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

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

Name

Address

Dated October 5, 1999



* 8 8 5 3 9 *

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.

GMD Realty Enterprises, L.L.C.
Exact Name of Limited Liability Company

By Gregory M Demetarakas
President
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-7-99

Check No.: 1613

By: AMF

Form No. 632
Revised 01/99

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

LIMITED LIABILITY COMPANY

ID Number 0066539

Annual Report for the year 1998

1. The name of the limited liability company is: GMD Realty Enterprises, LLC
2. The address of the principal office of the limited liability company is: 500 North Broadway, East Providence, Rhode Island 02914
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: Eustace T. Pliakas
Tillinghast Licht & Semonoff, One Park Row, 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: Eustace T. Pliakas, Tillinghast Licht & Semonoff,
One Park Row, Providence, Rhode Island 02903
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental property
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Gregory M. Demetrakas

500 North Broadway, East Providence, RI 02914

Dated September 21, 19 98

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.

GMD Realty Enterprises, LLC

Exact Name of Limited Liability Company

FILED

SEP 23 1998

By Oct 23 211184

By [Signature]

Eustace T. Pliakas, Authorized Representative

Title

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

LIMITED LIABILITY COMPANY

ID Number 0088539

Annual Report for the year 1997

1. The name of the limited liability company is: GMD Realty Enterprises, LLC
2. The address of the principal office of the limited liability company is:
500 North Broadway, East Providence, Rhode Island 02914
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: Eustace T. Pliakas
Tillinghast Licht & Semonoff, One Park Row, 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: Eustace T. Pliakas, Tillinghast Licht & Semonoff,
One Park Row, Providence, Rhode Island 02903
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental property
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Gregory M. Demetrakas

500 North Broadway, East Providence, RI 02914

Dated September 21, 19 98

FILED

SEP 23 1998

By 10/10/98
21184

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.

GMD Realty Enterprises, LLC

Exact Name of Limited Liability Company

By [Signature]

Eustace T. Pliakas, Authorized Representative

Title