

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: Sep. FORM MUST BE TYP.			• Filing Fee: \$50.00						
′ 88539	ĠMĎŔ	Sixed name of the limited liability company SMD Realty Enterprises, LLC							
3 State of Formation RHODE ISLAND 4 Jinef description of the character of the business of RENTAL REAL ESTATE				bich is actually conducted in Rhode	: Island		-		
5. Principal office add	ress			City	State	Zip	\neg		
500 North Broadway				East Providence	e RI	02914			
6. MAILING ADD	RESS OF LI	MITED LIABILI	ITY COMPANY AND NAM	E OR TITLE OF CONTACT	PERSON:				
Contact Name				Contact Title					
Eustace T	. Pliaka	as			•				
Sinvel Address			-	City	State	Zιp			
Tillingha				Providence	RI	02903-28	18		
10 Weybosset Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIAB				BILITY COMPANY, IF APPL	JCABLE	•			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ACHMENTS ("X" BOX FO					
,	ANY MODII	FICATIONS TO	MANAGERS REQUIRES F	ILING OF AMENDMENT, R.	i.G.L. 7-16-12 (a)) (2) / 7-16-52			
Manager Name				Manager Name	Manager Name				
Gregory	M. Deme	trakas							
Street Address 500 Nort				Street Address					
City East Pro	vidence	State RI	7.ip 02914	City	State	Zip			
Manager Name	••••••			Manager Name					
Street Address				Street Address					
City		State	Zip	City	State	Zip			
8. RESIDENT AG Agent Name EUSTACE T. PLIAN		ODE ISLAND - I	DO NOT ALTER - Chang	es require filing of Form 6	642 - R.I.G.L. 7-16	6-11			
Address 10 WEYBOSSET STREET			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.	7463
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 better are true and correct.

Sinuarura Al Authori and Parson

Date

Gregory M. Demetrakas

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS 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 COMPANY ANNUAL REPORT FOR THE YEAR ____ 2004

Filing Period: Septem (FORM MUST BE TYPED C			Filing Fee: \$50.00				
1 ID No.	2. Exact	2. Exact name of the limited liability company					
88539	GMD R	ID Realty Enterprises, LLC					
3 State of Formation		4. Brief description o	of the character of the business whi	ch is actually conducted in Rhode Islan	nd		_
RHODE ISLAND		RENTAL REAL	ESTATE				
5. Principal office address			-	City	State		Zip
500 North Broadway				East Providence	R	I	02914
		•	TY COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:		
Contact Name				Contact Title			
Eustace T. P	liaka	s					
Sirret Address				Cip	State		Zψ
			ith & Cohen, LLP	Providence	RI		02903-2818
10 Weybosset	Stre	et	n	: LITY COMPANY, IF APPLICA			•
7. NAME AND ADDK	E32 OF			CHMENTS ("X" BOX FOR A		ı П	
ANY	MODI	FICATIONS TO N	AANAGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.	L. 7-16-12 (a) (2) / 7-10	6-52
Manager Name			•	Manager Name			
Gregory M.	Demet	rakas					
Street Address				Street Address			
500 North B	roadv	ay					
City East Providen	ce	State RI	^{Zip} 02914	Clty	State -		Zip
Manager Name	*******		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Manager Name			
Street Address	_	_		Street Address			
City		State	Zip	City	State		Zip
		<u> </u>					I
	IN RH	ODE ISLAND - L	OO NOT ALIER - Changes	require filing of Form 642	- K.I.G.L. /-1	0-11	
Agent Name				Adaress			
FUSTACE T PLIAKAS	ESO.						
Address				City			
10 WEYBOSSET STRE	ET			PROVIDENCE		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 7666
Check No	2397
Ву:	\blue{\black}

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 and true and correct. uthorized Person

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 _

2003

Filing Period: Septen			Filing Fec: \$50.00				
(FORM MUST BE TYPED 1. ID No. 88539							
3. State of Formation	1	4. Brief description of the	character of the business wi	bich is actually conducted in Rhode Island	đ		_
RHODE ISLAND RENTAL REAL ESTATE							
5. Principal office address				City	State	Zφ	
	500	North Broad	way	East Providence	RI		02914
Contact Name		MITED LIABILITY (COMPANY AND NAMI	E OR TITLE OF CONTACT PERS Contact Title	ON:		
Street Address Till	ingha	st Licht Pe	rkins Smith	City	State	Zip	
	_	10 Weyb		Providence	RI		02903
AN Manager Name	Y MODI	FILL IN SPACES FICATIONS TO MAN	BEFORE USING ATTA	CHMENTS ("X" BOX FOR AT LING OF AMENDMENT, R.I.G.L Manager Name	TACHMENT,		
 -	м. г	Dem <u>etrakas</u>					
Sircei Address 500 Nor	th Bi	coadway		Street Address			
City East Provid	ence	State RI	2 <i>up</i> 02914	City	State	Zip	
Manage r Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
8. RESIDENT AGENT Agent Name • EUSTACE T. PLIAKAS	-	ODE ISLAND - DO I	NOT ALTER - Change	require filing of Form 642 -	R.I.G.L. 7-1	6-11	
Address 10 WEYBOSSET STREET				PROVIDENCE 2(p 02903			

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

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File Daie	2/0	3				
Check No.	<u>\</u>				<u> </u>	
FOR SEC	RETARY (OF STATI	E USE C	YJNC		

including any accompanying schedule	d affirm that I have examined this report, is and statements, and that all statements.
orlained herein are rue and correct.	
Thing pylinnas	\
Signature of Anthorized Person	Date
Gredory M. Demetr	akas, Pres.
Print or Type Name of Authorized Perso	on



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

•	ember 1 - November 1 ED OR PRINTED IN BLAC	• Filing Fee: \$50.00	0		
1. ID No. 88539	2. Exact name of the limit GMD Realty Enterpris	ed liabilty company			
3. State of Formation RHODE ISLAND	4. Brief description	•	siness which is actually conducted in Rho	ode Island	
5. Principal office addr 500 North Br			City East Providence	State RI	^{Zip} 02914
Contact Name	RESS OF LIMITED L		Contact Title	CONTACT PER	ISON:
Street Address Till	linghast Licht P 10 Weybosset St	erkins Smith &	City Providence	State RI	Zip 02903
	RESS OF EACH MAN	NAGER OF THE LIMIT CES BEFORE USING AT	TED LIABILITY COMPANY, I	F APPLICABI ATTACHMENT,□	E
Manager Name	D		Manager Name -		
Gregory M. Street Address 500 North B	_		* Street Address		
City	ence RI		*City *Manager Name	State	Zip
Street Address			Street Address		
City	State	Žip	City	State	Zip
8. RESIDENT AGEI Agent Name EUSTACE T. PLIAKA		-DO NOT ALTER- Chan	nges require filing of Form Address	642 - R.I.G.L. 7-	16-11
Address 10 WEYBOSSET STE	REET		City PROVIDENCE	Z	^{ір} 02903
10 WEYBOSSET STE	REET		PROVIDENCE		02903

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



File Date	10-7.02
Check No.	2038
B _{Y;}	2·
FOR SECRE	TARY 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 President

Print or Type Name of Authorized Person



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	s, LLC					
2.	The address of the principal office of the lin	nited liability company is:					
	500 North Broadway, Ea	ast Providence, RI 02914					
3.	The state or other jurisdiction under the law	s of which it is formed is: Rhode Island					
4.	The name and address of its resident agent	is:Eustace T. Pliakas					
		cins Smith & Cohen, LLP					
5.	_	ited liability company and the name or title of a person to whom					
	communications may be directed are:50	00 North Broadway, East Providence, RI 02914					
	Gregory M. Demetrakas,	President					
6.		business in which the limited liability company is actually engaged in this					
	state: rental real estate	<u> </u>					
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.					
Da	September 28, 2001 ate:	GMD Realty Enterprises, LLL.C.					
	10-1-01 Ck#1903	By My Mumment Limited Liability Company					
	7.	President					
		Title					

Form No 632 Revised 01/99

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

	LIM	ITED LIABILITY COMPANY
ID	Number <u>LL</u> 88539	Annual Report for the year 2000
1.	The name of the limited liability company	
	GMD Realty Ente	rprisis LCC
2.	The address of the principal office of the li	
3.	The state or other jurisdiction under the law	Jay East Providence RI 02914 ws of which it is formed is: Rhyde Island
4.	The name and address of its resident ager	ntis: Custace 1. Pliakas
	Tillinghast Licht	+ Perkins, Smith + Cohen, LLP
5.	-	mited liability company and the name or title of a person to whom
	communications may be directed are:	500 North Kradway Gast Providence,
	Gregory M. Demet	rikas Mus 00910
6.	\mathcal{A}	business in which the limited liability company is actually engaged in this
	state: Rental real	estite
7.	If the limited liability company has manage	ers, 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
	ate:10-3-00	that all statements contained herein are true and correct.
Dá	ate:	Exact/Name of Limited Liability Company
	10/4	(Maria la Maria
	#1757	By June 1") Church For
	~ a	Title

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, RT 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 communication may be directed are: SROPHY M Demetracks Project,
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in thi state:
7	If the limited liability company has managers, the name and address of each manager of the limited liability company Name Address
Da	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Control Civil Control Company Exact Name of Limited Liability Company OR SECRETARY OF STATE USE ONLY
	Date: 10-7-99
Che By:	K No.: 1613 Title Form No. 632 Revised 01/99

Filmg Feé: \$50.00



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 N	umber <u>0088889</u>	Annual Report for the year	1998	
1.—T	he name of the limited liability company is:	c		
_ 2. Т _	The address of the principal office of the limited Hability company is: 500 North Broadway, East Providence, Rhode Island 02914			
4. T	Funtage T Disales			
5. T c –	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:			
7. If	tate	gers, the name and address of each manager of the Address 500 North Broadway, East Providence, RI		
- Date	d <u>September 21 , 19 98</u>	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and correct that I have been sent as a sent and correct that I have been sent as a sent as a sent and correct that I have been sent as a sent	statements, and	
	SEP 2 3 1998 CCTU3 By 211184	By Eustace T. Pliakas, Authorized Represe	ntative	

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	0088559	Annual Report for the year 1937	
1.	The name of the limited liability company is:			
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 nam	ne and address of its resident age	entis: Eustace T. Pliakas	
	<u>Tilli</u>	nghast Licht & Semonoff,	One Park Row, Providence, RI 02903	
5 .	The cur	rent mailing address of the li	imited liability company and the name or title of a person to whom	
		rications may be directed are:	Eustace T. Pliakas, Tillinghast Licht & Semonoff,	
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.			nagers, the name and address of each manager of the limited liability	
	company	Name	Address	
	Grego	ry M. Demetrakas	500 North Broadway, East Providence, RI 02914	
Da	ted <u>Sep</u>	FILED SEP 2 3 1998 Cotv3 By 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 Eustace T. Pliakas, Authorized Representative	
			Title	