



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. <b>81440</b>		2. Exact name of the limited liability company <b>REC REALTY, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>	
5. Principal office address <b>c/o White Fuel Co., 12 Hylestead Avenue</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02905</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Richard C. Gower</b>		Contact Title <b>Manager</b>	
Street Address <b>1786 Drift Road</b>		City <b>Westport</b>	State <b>MA</b>
		Zip <b>01746-5838</b>	
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 <b>Richard C. Gower</b>		Manager Name <b>None</b>	
Street Address <b>1786 Drift Road</b>		Street Address	
City <b>Westport</b>	State <b>MA</b>	Zip <b>01746-5838</b>	City <b>None</b>
			State <b>None</b>
			Zip <b>None</b>
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>MILTON S. SLEPKOW, ESQ.</b>		Address <b>SLEPKOW, SLEPKOW &amp; BETTENCOURT</b>	
Address <b>1481 WAMPANOAG TRAIL</b>		City <b>EAST PROVIDENCE</b>	Zip <b>02915</b>

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



File Date	<b>10/26/05</b>	*81440*
Check No.	<b>1122</b>	
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.

**10/17/05**  
Signature of Authorized Person Date

**Richard C. Gower, Manager**  
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. 81440		2. Exact name of the limited liability company REC REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address c/o White Fuel, Co. 12 Hylestead Avenue		City Providence	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard C. Gower			Contact Title Manager		
Street Address 1786 Drift Road		City Westport	State MA	Zip 01746	
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 Richard C. Gower			Manager Name None		
Street Address 1786 Drift Road		Street Address			
City Westport	State MA	Zip 01746	City	State	Zip
Manager Name None			Manager Name None		
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 MILTON S. SLEPKOW, ESQ.			Address SLEPKOW, SLEPKOW & BETTENCOURT		
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915		

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



\* 8 1 4 4 0 \*

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.

*Richard C. Gower* 10/6/04  
Signature of Authorized Person Date

Richard C. Gower

Print or Type Name of Authorized Person

File Date 10/15/04  
Check No. 1036  
By: RS  
FOR SECRETARY OF STATE USE ONLY



**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. <b>81440</b>		2. Exact name of the limited liability company <b>REC REALTY, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address c/o White Fuel Co., 12 Hylestead Avenue		City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Richard C. Gower</b>			Contact Title <b>Manager</b>		
Street Address <b>1786 Drift Road</b>		City <b>Westport</b>	State <b>MA</b>	Zip <b>01746-5838</b>	
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 <b>Richard C. Gower</b>		Manager Name <b>None</b>			
Street Address <b>1786 Drift Road</b>		Street Address			
City <b>Westport</b>	State <b>MA</b>	Zip <b>01746-5838</b>	City	State	Zip
Manager Name <b>None</b>		Manager Name <b>None</b>			
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 <b>MILTON S. SLEPKOW, ESQ.</b>			Address <b>SLEPKOW, SLEPKOW &amp; BETTENCOURT</b>		
Address <b>1481 WAMPANOAG TRAIL</b>		City <b>EAST PROVIDENCE</b>		Zip <b>02915</b>	

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



\* 8 1 4 4 0 \*

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.

*Richard C. Gower* 10/6/03  
Signature of Authorized Person Date

Richard C. Gower, Manager

Print or Type Name of Authorized Person

File Date	<b>10/28/03</b>
Check No	<b>573</b>
By:	<i>[Signature]</i>
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. 81440		2. Exact name of the limited liability company REC REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address c/o White Fuel Co. 12 Hylestead Avenue			City Providence	State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard C. Gower			Contact Title Manager		
Street Address 1786 Drift Road			City Westport	State MA	Zip 01746-5838
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 Richard C. Gower			Manager Name None		
Street Address 1786 Drift Road			Street Address		
City Westport	State MA	Zip 01746-5838	City	State	Zip
Manager Name None			Manager Name None		
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 MILTON S. SLEPKOW, ESQ.			Address SLEPKOW, SLEPKOW & BETTENCOURT		
Address 1481 WAMPANOAG TRAIL			City EAST PROVIDENCE	Zip 02915	

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



\* 8 1 4 4 0 \*

File Date	10.30.02
Check No.	495
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]* 10/29/02  
Signature of Authorized Person Date  
Richard C. Gower, Manager

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 DLLC 81440

Annual Report for the year 2001

1. The name of the limited liability company is:

REC REALTY, LLC

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

c/o White Fuel Co., 12 Hylestead Avenue, Providence, RI 02905

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: MILTON S. SLEPKOW, ESQ.

SLEPKOW, SLEPKOW & BETTENCOURT 1481 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915

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: Richard C. Gower, c/o White Fuel Co.

12 Hylestead Avenue, Providence, RI 02905 (Manager)

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

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

Richard C. Gower

54 Stimson Avenue

Providence, RI 02906-3218

Dated 9/24/01

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.

REC REALTY, LLC

Exact Name of Limited Liability Company

By [Signature]

Curtis C. Gower

Manager

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

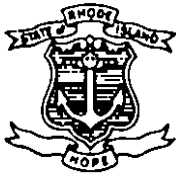
File Date: 9-28-01

Check No.: 1040

By: [Signature]

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 81440

Annual Report for the year 2000

1. The name of the limited liability company is:

REC REALTY, LLC

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

c/o White Fuel Co., 12 Hylestead Avenue, Providence, RI 02905

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: MILTON S. SLEPKOW

SLEPKOW, SLEPKOW & BETTENCOURT 1481 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915

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: c/o White Fuel Co., 12 Hylestead Avenue, Providence, RI 02905

Richard C. Gower, Manager

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

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

*Name*

*Address*

Richard C. Gower

1786 Drift Road, Westport, MA 01746-5838

Dated September 26 2000



8 1 4 4 0

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.

REC REALTY, LLC

*Exact Name of Limited Liability Company*

By

Richard C. Gower, Manager

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/27</u>
Check No.:	<u>12770</u>
By:	<u>[Signature]</u>

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 81440

Annual Report for the year 1999

- The name of the limited liability company is:  
REC REALTY, LLC
- The address of the principal office of the limited liability company is:  
1786 DRIFT ROAD, WESTPORT, MA 01746-5838
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: MILTON S. SLEPKOW  
SLEPKOW, SLEPKOW & BETTENCOURT 1481 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Richard C. Gower, Manager  
1786 DRIFT ROAD, WESTPORT, MA 01746-5838
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Ownership of real estate
- If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>Richard C. Gower</u>	<u>1786 DRIFT ROAD, WESTPORT, MA 01746-5838</u>
_____	_____
_____	_____

Dated 9/13/99



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.

REC REALTY, I.L.C

*Exact Name of Limited Liability Company*

By:

Richard C. Gower, Manager

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-15-99</u>
Check No.:	<u>39856</u>
By:	<u>AMF</u>

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 81440

Annual Report for the year 1998

- The name of the limited liability company is: REC REALTY, LLC
- The address of the principal office of the limited liability company is:  
54 STIMSON AVENUE, PROVIDENCE, RI 02906
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: MILTON S. SLEPKOW  
SLEPKOW, SLEPKOW & BETTENCOURT 1481 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: RICHARD C. GOWER, Manager  
54 STIMSON AVENUE, PROVIDENCE, RI 02906
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: OWNERSHIP OF REAL ESTATE
- If the limited liability company has managers, the name and address of each manager of the limited liability company
 

Name	Address
<u>RICHARD C. GOWER</u>	<u>54 STIMSON AVENUE, PROVIDENCE, RI 02906</u>

Dated 9/14, 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.

REC REALTY, LLC

*Exact Name of Limited Liability Company*

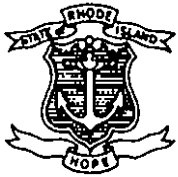
By   
RICHARD C. GOWER,  
Manager  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-15-98</u>
Check No.:	<u>37554</u>
By:	<u>100</u>

Form No. LLC-19  
Revised 8/97

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 0081440

Annual Report for the year 1997

1. The name of the limited liability company is: \_\_\_\_\_  
REC REALTY, LLC

2. The address of the principal office of the limited liability company is:  
54 STIMSON AVENUE, PROVIDENCE, RI 02906

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: MILTON S. SLEPKOW, ESQ.  
1481 WAMPANOAG TRAIL, EAST PROVIDENCE, RI 02915

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: RICHARD C. GOWER  
54 STIMSON AVENUE, PROVIDENCE, RI 02906

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

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


Name	Address
<u>RICHARD C. GOWER</u>	<u>54 STIMSON AVENUE, PROVIDENCE, RI 02906</u>

Dated SEPTEMBER 2, 1997

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.

**FILED**  
SEP 11 1997  
a/lp-2543

REC REALTY, LLC  
Exact Name of Limited Liability Company

By   
Richard C. Gower  
Manager  
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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D.# 81440

Annual Report for the year **1996**

**FIRST:** The name of the limited liability company is: REC REALTY, LLC

**SECOND:** The address of the principal office of the limited liability company is:

54 STIMSON AVENUE, PROVIDENCE, RI 02906

**THIRD:** The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

**FOURTH:** The name and address of its resident agent is:

MILTON S. SLEPKOW, ESQ.

1481 WAMPANOAG TRAIL, EAST PROVIDENCE, RI 02915

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

RICHARD C. GOWER

54 STIMSON AVENUE, PROVIDENCE, RI 02906

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

OWNERSHIP OF REAL ESTATE

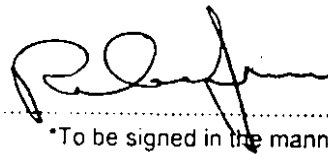
Dated 10/11, 19 96

REC REALTY, LLC

*Exact Name of Limited Liability Company*

File Date:	<u>10/17</u>
Check No:	<u>2238</u>
By:	<u>KLB</u>
<i>For Secretary of State Use Only</i>	

\*By



\*To be signed in the manner required by the home state.

**RICHARD C. GOWER**

Title

**MANAGER**