



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 123140		2. Exact name of the limited liability company Shafter Street Realty Company, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, SELLING AND LEASING REAL ESTATE	
5. Principal office address 6 Shafter Street		City Providence	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name J. Gary Kornher		Contact Title	
Street Address		City	State
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 LISA COOPER, ESQ.		Address RESIDENTIAL TITLE & ESCROW SVCS	
Address 51 JEFFERSON BOULEVARD		City WARWICK	Zip 02888

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



File Date	12/16/05	*123140*
Check No.	817094026-5	
By:	Kuc	
FOR SECRETARY OF STATE USE ONLY		

C84703

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: J. Gary Kornher
Date: 12/16/05
Print or Type Name of Authorized Person: J. Gary Kornher



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Broten, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3046

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 123140		2. Exact name of the limited liability company Shafter Street Realty, LLC	
3. State of formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, selling, and leasing real estate	
5. Principal office address 6 Shafter Street		City Providence	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: J. Gary Kornher Contact Title:			
Street Address		City	State Zip
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		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 Lisa Cooper c/o Residential Title & Escrow		Address 51 Jefferson Blvd.	
Address		City Warwick, RI	State Zip 02888

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

File Date	1-11-05
Check No	54321a
By	10P
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: J. Gary Kornher Date: 1/10/05

Print or Type Name of Authorized Person: J. Gary Kornher



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

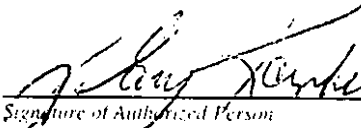
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123140		2. Exact name of the limited liability company Shafter Street Realty, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquiring, selling, and leasing real estate	
5. Principal office address 6 Shafter Street		City Providence	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name J. Gary Kornher		Contact Title	
Street Address		City	State
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Agent Name Lisa Cooper c/o Residential Title & Escrow		Address 51 Jefferson Blvd.	
Address		City Warwick, RI	Zip 02888

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

File Date	1-11-05
Check No.	54331a
By	LP
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 1/10/05
J. Gary Kornher
Print or Type Name of Authorized Person