



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

Corporations Division
 100 North Main Str
 Providence, RI 02903-13
 401.222.30

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. 101542		2. Exact name of the limited liability company H&M Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, OWNING, LEASING, MORTGAGING, OPERATING AND DISPOSING OF REAL PROPERTY OR INTERESTS THEREIN.			
5. Principal office address 12 Matross Lane			City Sharon	State MA	Zip 02067
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Donald Leef			Contact Title Manager		
Street Address 12 Matross Lane			City Sharon	State MA	Zip 02067
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 Donald Leef			Manager Name		
Street Address 12 Matross Lane			Street Address		
City Sharon	State MA	Zip 02067	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 JOHN BOLTON			Address HINCKLEY ALLEN & SNYDER		
Address 1500 FLEET CENTER			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 9/9/05 *101542*

Check No. 171327

By: DA

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] 9/8/05
 Signature of Authorized Person Date
 John J. Bolton
 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 Div.
100 North Main St
Providence, RI 02903-13
401.222.36

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. 101542		2. Exact name of the limited liability company H&M Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, OWNING, LEASING, MORTGAGING, OPERATING AND DISPOSING OF REAL PROPERTY OR INTERESTS THEREIN.			
5. Principal office address 12 Matross Lane		City Sharon	State MA	Zip 02067	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Donald Leef			Contact Title Manager		
Street Address 12 Matross Lane		City Sharon	State MA	Zip 02067	
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 Donald Leef			Manager Name		
Street Address 12 Matross Lane		Street Address			
City Sharon	State MA	Zip 02067	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 JOHN BOLTON			Address HINCKLEY ALLEN & SNYDER		
Address 1500 FLEET CENTER		City PROVIDENCE	Zip 02903		

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



* 1 0 1 5 4 2 *

File Date	9/9/04
Check No.	162917
By:	OA

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: *John J. Bolton* Date: 9/9/04

John J. Bolton

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101542		2. Exact name of the limited liability company H&M Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, OWNING, LEASING, MORTGAGING, OPERATING AND DISPOSING OF REAL PROPERTY OR INTERESTS THEREIN.	
5. Principal office address 12 MATROSS LANE		City SHARON	State MA
		Zip 02067-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DONALD LEEF		Contact Title Operating Manager	
Street Address 12 MATROSS LANE		City SHARON	State MA
		Zip 02067-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/> (MAX BOX FOR ATTACHMENTS) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT: R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Donald Leef		Manager Name Betty Leef	
Street Address 12 Matross Lane		Street Address 12 Matross Lane	
City Sharon	State MA	Zip 02067	City Sharon
			State MA
			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 Hinckley Allen C/O John Bolton Esq.		Address 1500 Fleet Center	
Address		City PROVIDENCE	Zip 02903

REC'D
SECRETARIAL
CORPOR.
DEC 2 12 11 PM '03

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



1 0 1 5 4 2

101542 DLLC 09/17/03 12:30:29 PM

FILED

File Date: 10/6/03

Check No.: DEC 02 2003

By: Donald Leef 3118 COB

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.

Donald Leef Oct 6, 03
Signature of Authorized Person Date

Donald Leef, Operating Manager
Print or Type Name of Authorized Person



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

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No *101542*		2. Exact name of the limited liability company H&M Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, OWNING, LEASING, MORTGAGING, OPERATING AND DISPOSING OF REAL PROPERTY OR INTERESTS THEREIN.	
5. Principal office address 12 MATROSS LANE		City SHARON	State MA Zip 02067-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DONALD LEEF		Contact Title Operating Manager	
Street Address 12 MATROSS LANE		City SHARON	State MA Zip 02067-
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 Donal Leef		Manager Name Betty Leef	
Street Address 12 Matross Lane		Street Address 12 Matross Lane	
City Sharon	State MA	Zip 02067	City Sharon State MA Zip 02067
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NADEAU & SIMMONS, P.C.		Address 56 PINE STREET	
Address		City PROVIDENCE	Zip 02903

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



* 1 0 1 5 4 2 *

101542 DLLC9/23/022:41:15 PM
File Date <u>10-18-02</u>
Check No. <u>14734</u>
By: <u>[Signature]</u>
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] 10/14/02
Signature of Authorized Person
Donald Leef, Operating 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 101542

Annual Report for the year 2001

1. The name of the limited liability company is:

H&M Realty Associates, LLC

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

12 Matross Lane, Sharon, Massachusetts 02067

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: NADEAU & SIMMONS, P.C.

56 Pine Street, 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: Donald Leef, 12 Matross Lane, Sharon Massachusetts, 02067

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquiring, developing, owning, leasing, mortgaging, operation and disposing of real property or interests therein.

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

Name	Address
<u>Donald Leef</u>	<u>12 Matross Lane, Sharon, Massachusetts 02067</u>
<u>Betty Leef</u>	<u>12 Matross Lane, Sharon, Massachusetts 02067</u>

Dated _____

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.



H & M Realty Associates, LLC

Exact Name of Limited Liability Company

By Donald Leef
Donald Leef Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY
 File Date: 10-4-01
 Check No.: 13193
 By: [Signature]

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 101542

Annual Report for the year 2000

1. The name of the limited liability company is:

H&M Realty Associates, LLC

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

12 Matross Lane, Sharon, Massachusettes 02067

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: NADEAU & SIMMONS, P.C.

1250 TURKS HEAD BUILDING 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: Donald Leef, 12 Matross Lane, Sharon Massachusettes 02067

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquiring, developing, owning, leasing, mortgaging, operating and disposing of real property or interests therein.

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

Names

Address

Donald Leef

12 Matross Lane, Sharon, Massachusettes 02067

Betty Leef

12 Matross Lane, Sharon, Massachusettes 02067

Dated _____



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.

H&M Realty Associates, LLC

Exact Name of Limited Liability Company

By _____

Donald Leef

Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 11-10-00
Check No.: 11534

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 101542

Annual Report for the year 1999

- The name of the limited liability company is:
H&M Realty Associates, LLC
- The address of the principal office of the limited liability company is:
12 Matross Lane, Sharon, Massachusetts 02067
- 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: NADEAU & SIMMONS, P.C.
1250 TURKS HEAD BUILDING PROVIDENCE, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Donald Leef, 12 Matross Lane, Sharon, Massachusetts 02067
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquiring, developing, owning, leasing, mortgaging, operating and disposing of real property or interests therein.
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Donald Leef</u>	<u>12 Matross Lane, Sharon, MA 02067</u>
<u>Betty Leef</u>	<u>12 Matross Lane, Sharon, MA 02067</u>

Dated _____

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.



* 1 0 1 5 4 2 *

H&M Realty Associates, LLC

Exact Name of Limited Liability Company

By Donald Leef
Operating Mgr.
Title

FOR SECRETARY OF STATE USE ONLY
PAID
 File Date: **NOV 01 1999**
 Check No.: **SECY OF STATE**
 By: 101542 10037