



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 02903-1331  
401.222.3044

# 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>124243</b>		2. Exact name of the limited liability company <b>BORNA PROPERTIES, 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>RENTAL PROPERTY</b>	
5. Principal office address <b>381 Angell Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Frances Buntak</b>		Contact Title <b>Office Manager</b>	
Street Address <b>381 Angell Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</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>O. Thomas Buntak</b>		Manager Name	
Street Address <b>381 Angell Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02906</b>		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 <b>FRANCES BUNTAK</b>		Address	
Address <b>381 ANGELL STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02906</b>

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



**FILED**

124243

File Date **SEP 08 2005**

Check No. **1002**

By: **OTB**

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.

**O. Thomas Buntak** 9/6/05  
Signature of Authorized Person Date

**O. Thomas Buntak**  
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 02903-13  
401.222.30

# 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 124243		2. Exact name of the limited liability company BORNA PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address 381 Angell Street		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Frances Buntak		Contact Title Office Manager	
Street Address 381 Angell Street		City Providence	State RI
		Zip 02906	
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 O. Thomas Buntak		Manager Name	
Street Address 381 Angell Street		Street Address	
City Providence	State RI	City	State
Zip 02906		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 FRANCES BUNTAK		Address	
Address 381 ANGELL STREET		City PROVIDENCE	Zip 02906

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



\* 1 2 4 2 4 3 \*

**FILED**

File Date

SEP 21 2004

Check No.

By: By DA CX

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] 9/20/04  
Signature of Authorized Person Date

O. Thomas Buntak

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 02903-1330  
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. <b>124243</b>		2. Exact name of the limited liability company <b>BORNA PROPERTIES, 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>RENTAL PROPERTY</b>	
5. Principal office address <b>381 Angell Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Frances Buntak</b>		Contact Title <b>Office Manager</b>	
Street Address <b>381 Angell Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</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>O. Thomas Buntak</b>		Manager Name	
Street Address <b>381 Angell Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02906</b>		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 <b>FRANCES BUNTAK</b>		Address	
Address <b>381 ANGELL STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02906-</b>

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



\* 1 2 4 2 4 3 \*

File Date **9/30/03**

Check No. **1103**

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.

**9/29/03**  
Signature of Authorized Person Date

**OZSEN THOMAS BUNTAK**  
Print or Type Name of Authorized Person