

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

Corporations Division 100 North Main Stre Providence, RI 02903-135, 401.222.304

Matthew A. Brown, Secretary of State

1. ID No. 2	Exact name of the lim	rame of the limited liability company					
124243 E	ORNA PROPERTI	A PROPERTIES, LLC					
3. State of Formation		4 Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	RENTAL P	ROPERTY					
5. Principal office address			City.	State	Zip		
381 Angell Street			Providence	RI	02906		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Frances Buntak			AME OR TITLE OF CONTACT PERSON: Contact Title Office Manager				
Street Address 381 Angell Street			City Providence	State RI	^{z_{ip}} 02906		
ANY 1	FILL IN S 10DIFICATIONS	SPACES BEFORE USING A	ABBILITY COMPANY, IF APP TTACHMENTS ("X" BOX FO S FILING OF AMENDMENT, F Manager Name	OR ATTACHMENT) 🗌	. 7-16-52		
O. Thomas	Buntak						
Street Address 381 Angell Street			Street Address				
Cuy Providence	e RI	^{2.ip} 02:906	City	State	2.ip		
Manager Name			Manager Name				
Sircei Address			Street Address				
Cuy	State	Zφ	City	State	Zip		
Agent Name	I N RHODE ISLANI) D - DO NOT ALTER - Cha	nges require filing of Form Address	 642 - R.I.G.I 7-16-11	l .		
FRANCES BUNTAK				··· · · · · · · · · · · · · · · · · ·			
Addres			City	Zip			
381 ANGELL STREET			PROVIDENCE	VIDENCE 02906.			

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

FILED	
SEP 0 8 2005	
Check No. By 1002	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature of Authorized Person

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 Divisie 100 North Main Stre Providence, RI 02903-13. 401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004

Filing Period: Septen (FORM MUST BE 13PED)			Filing Fee: \$50.00				
1. ID No 124243		t name of the limited liability company IA PROPERTIES, LLC					
3. State of Formation RHODE ISLAND		4 Brief description of th RENTAL PROPER		hich is actually conducted in Rhode Is	iland		
5. Principal office address	•			City	State		Zip
381 Ang 6. mailing addre			COMPANY AND NAM	Providence E OR TITLE OF CONTACT PI	RI ERSON:		02906
Contact Name				Contact Tule			
Frances	<u>Bun</u>	tak		Office Manager			
Street Address				Ciny.	State		Zφ
381 Ang				Providence	l RI		02906
		FILL IN SPACES	BEFORE USING ATTA	BILITY COMPANY, IF APPLIC CHMENTS ("X" BOX FOR LING OF AMENDMENT, R.L.	ATTACHMENT		-52
Manager Name				Manager Name			
O. Thom	nas B	untak					
Street Address				Street Address			
381 Ang	gell	Street					
c _{in} Provide	nce:	State R I	02906	Chy	State		Zip
Manager Name				Manager Name	••••••	•••••••••	***** *******************************
Street Address				Street Address			
City		State	Zip	City	State		Zip
8. RESIDENT AGENT Agent Name	I IN RH	ODE ISLAND - DO	NOT ALTER - Change	s require filing of Form 64: Address	2 · R.I.G.L. 7-1	16-11	•
FRANCES BUNTAK							
Address 381 ANGELL STREET			PROVIDENCE	Zip 02906-			
-							

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



File Date	FILED
Check No.	SEP 21 2004
By:	By 104 CX
	FOR SECRETARY OF STATE USE ON (8)

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Thomas Buntak Print or Type Name of Authorized Person



Address

381 ANGELL STREET

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Matthew A. Brown, Secretary of State

Corporations Divisic 100 North Main Stre Providence, RI 02903-13-

2003

401.222.304

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 ID No. 2 Exact name of the limited Hability company 124243 **BORNA PROPERTIES, LLC** 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY **RHODE ISLAND** 5. Principal office address State 381 Angell Street Providence RI 02906 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Frances Buntak Office Manager Street Address State 381 Angell Street Providence RI 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) 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 Street Address Street Address 381 Angell Street State Z.ip Zip Providence RI 02906 Manager Name Manager Name Street Address Sinci Address City State Zip State Zij. 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **FRANCES BUNTAK**

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

City

PROVIDENCE

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File Date 9 (30/0)	_
Check No. (O)	-
By:	-

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statement contained herein are true and correct.

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