

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

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

Matthew A. Brown, Secretary of State

2005

	2. Exact name of the limited DCEAN STATE REALT				
3 State of Formation RHODE ISLAND	4. Brief description TO BUY, MAN	of the character of the hustness to AGE DEVELOP, FINANCE,	tich is actually conducted in Rhode is RENT AND SELL REAL ESTATE	and	
5. Principal office address 322 BROADWAY			PROVIDENCE	State RI	^{2ip} 02909
6. MAILING ADDRESS Contact Name LOUIS BOURLO		ITY COMPANY AND NAM	E OR TITLE OF CONTACT PE Contact Title MANAGER	RSON:	•
Street Address 32.2 (BROADWA)	5;		PROVIDENCE	State RI	2 <i>ip</i> 02909
	FILL IN SPA	CES BEFORE USING ATTA	BILITY COMPANY, IF APPLIC ACHMENTS — ("X" BOX FOR A ILING OF AMENDMENT, R.I.C	ATTACHMENT)	/ 7-16-52
Manager Name LOUIS BOURLO	OS		Manager Name		
Street Address 322 BROADWAY			Street Address		
322 BROADWAY	•		:		
Tigy	State RI	Z ₁ ρ 02909	City	State	Zip
322 BROADWAY City PROVIDENCE Manager Name	State	, '	Ctty Manager Name	State	Zip
City PROVIDENCE	State	, '		State	Zip
Tity PROVIDENCE Manager Name Street Address	State	, '	Manager Name	State State	Zip Zip
City PROVIDENCE Manager Name Street Address City	State RI State	02909 Zip	Manager Name Street Address	State	
PROVIDENCE Manager Name Street Address City 3. RESIDENT AGENT	State State State IN RHODE ISLAND -	02909 Zip	Manager Name Street Address City s require filing of Form 642	State	

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

1 (COIX)	
File Date 10/14/05-104544	
Check No. 2622	
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 statement contained herein are true and correct.

OCEAN STATE REALTY LLC

nghure of Authorized Person

Date

10/7/05

Louis Bourlos 0015

Print or Type Name of Authorized Person



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

Corporations Divisio 100 North Main Stre-Providence, RI 02903-133

2004

Matthew A. Brown, Secretary of State

401.222.301

Filing Period: Septer (FORM MUST BE TYPED	nber 1 -	November 1 •	ANY ANNUAI	Z KEPOKI FOK IH	IE YEAR .	2004
1 ID No 104544		name of the limited liability company N STATE REALTY LLC				
3 State of Formation RHODE ISLAND 4. Brief description of the character of the business TO BUY, MANAGE DEVELOP, FINANCE						
5. Principal office address 322 BROADWAY			PROVIDENCE	State R]	<i>zip</i> 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name LOUIS BOURLOS				ME OR TITLE OF CONTACT PE Contact Title MANAGER	RSON:	·
Street Address				City	State	Zφ
322 E	ROAD	WAY		PROVIDENCE	RI	02909
	Y MODI			FACHMENTS ("X" BOX FOR . FILING OF AMENDMENT, R.I.G		
Manager Name				Managor Name		
Manager Name LOUIS	BOU	RLOS		Manager Name		
•••				Manager Name Street Address		,, , w.
LOUIS Street Address	ROAD		^{Хір} 02909		State	Zip
Street Address 322 E	ROAD	WAY	^{Zip} 02909	Street Address	State	Zip
Street Address 322 E	ROAD	WAY	^{Zip} 02909	Street Address City	State	Zip
Street Address 322 E City PROVIDE Manager Name	ROAD	WAY	Zip 02909	Street Address City Manager Name	State State	Zip
Street Address 322 E City PROVIDE Manager Name Street Address	ROAD NCE	State RI	02909	Street Address City Manager Name Street Address	State	Zip

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



File Date	11/8/04			
Check No.	2270			
Ву:	US.			
FOR SECRETARY OF STATE USE ONLY				

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

Louis Bourlos

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 Stra Providence, RI 02903-13, 401.222.30

LIMITED LI Hing Period: Septen FORM MUST BE TYPED	nber 1 - 1	November 1 💎 🔸		REPORT FOR THE	E YEAR	2(003	
1. ID No. 104544	1	name of the limited liability company OCEAN STATE REALTY LLC						
3. State of Formation	•	4. Brief description of	the character of the husiness	which is actually conducted in Rhode Isla	nd	<u>. </u>		
RHODE ISLAND		TO BUY, MANAG	E DEVELOP, FINANCE	RENT AND SELL REAL ESTATE				
5. Principal office address				City	State	·	Zip	
322 BROAD	YAW			PROVIDENCE	RI		02909	
6. MAILING ADDRE	SS OF LI	MITED LIABILITY	COMPANY AND NAM	ME OR TITLE OF CONTACT PER	SON:		1 02903	
Contact Name				Contact Title				
LOUIS BOUL	RLOS		-	MANAGER				
Street Address			· -	City	State		Zip	
322 BROAD	YAY			PROVIDENCE	F	RI	02909	
Manager Name LOUIS BOUI		CICATIONS TO MA	ANAGERS REQUIRES I	ACHMENTS ("X" BOX FOR A FILING OF AMENDMENT, R.I.G. Manager Name	L. 7-16-12 (;	á) (2) / 7·1(5-52	
Street Address322 BROADV	VAY			Street Address				
Cuy PROVIDENCE		State RI	Zφ 02909	City	State Zip		Zip	
Manager Name	•	********************	•••	Manager Name				
Sinci Address				Street Address				
Sity		State	Zip	City	State		Zip	
B. RESIDENT AGENT Agent Name STEPHEN T. NAPOLITA		DDE ISLAND - DO	NOT ALTER - Chang	es require filing of Form 642 - Addnes	 R.I.G.L. 7-1	6-11	I	
address 155 SOUTH MAIN STREET				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 4 5 4 4 *
File Date _	FILED
Check No.	NOV 07 2003
Ву:	By 1939 GAM
FC	OR 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 statement contained herein are true and correct.

Southur of Authorized Person

10/3//03

Symplure of Authorized Person Louis Bourlos

Date

Print or Type Name of Authorized Person



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3046

### Access of Each Manager of the Limited Liability Company 1. Dron. 2. Exact name of the limited itability company	Filing Period: Septe				AL REPORT FOR	K THE YI	EAR _	2002
1.10 No. OCEAN STATE REALTY LIC	••							
3. State of formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island TO BUY, MANAGE DEVELOP, FINANCE, RENT AND SELL REAL ESTATE 5. Principal office address 322 BROADWAY 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LOUIS BOURLOS 5. Inc. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LOUIS BOURLOS 5. Inc. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title LOUIS BOURLOS 5. Inc. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title RI 6. MANAGER 6. MANAG	1. ID No.	1. ID No. 2. Exact name of the limited liability company						
RHODE ISLAND TO BUY, MANAGE DEVELOP, FINANCE, RENT AND SELL REAL ESTATE 3. Principal affice address 3.2.2 BROADWAY PROVIDENCE RI 0.290.3 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LOUIS BOURLOS Sirect Address 3.2.2 BROADWAY 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT ("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 LOUIS BOURLOS Sirect Address 3.2.2 BROADWAY City PROVIDENCE RI 0.290.3 Manager Name City State Zip PROVIDENCE RI 0.290.3 Manager Name Manager Name Sirect Address Si	104544	4 OCEAN STATE REALTY LLC						
3.22 BROADWAY 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LOUIS BOURLOS Street Address ANY MODIFICATIONS TO MANAGER REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name LOUIS BOURLOS Street Address 3.22 BROADWAY Any Modifications To MANAGER REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name LOUIS BOURLOS Street Address 3.22 BROADWAY City PROVIDENCE Street Address Street	3. State of Formation 4. Brief description of the character of the b				ss which is actually conducted in I	Rhode Island		
322 BROADWAY PROVIDENCE RI 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title LOUIS BOURLOS Street Address 322 BROADWAY 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 LOUIS BOURLOS Street Address Street Address 322 BROADWAY City PROVIDENCE All 02903 Manager Name Street Address	RHODE ISLAND		TO BUY, MANAGE	DEVELOP, FINANCE, I	RENT AND SELL REAL ESTA	TE		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LOUIS BOURLOS Street Address August 11					City	State		Zip
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State Zip O2903	Contact Name							
322 BROADWAY PROVIDENCE RI 02903 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 LOUIS BOURLOS Street Address City State Zip Manager Name Street Address City State Zip Address Street Address Street Address City State Zip Address Street Address City State Zip Address Tephen T. NAPOLITANO Address City Zip Zip Address Tephen T. NAPOLITANO Address City Zip Zip Zip Zip Zip Zip Zip Zi	LOUIS BOUR	LOS			. MANAGER			
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 LOUIS BOURLOS Street Address 322 BROADWAY City State Zip Manager Name Street Address City State Zip Address Street Address Street Address Street Address City State Zip	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 LOUIS BOURLOS Street Address	322 BROADW	ΙΑΥ			PROVIDENCE	R.	Ţ	02903
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name LOUIS BOURLOS Street Address 322 BROADWAY City State Zip City State Zip Manager Name Street Address Street Address Street Address	7. NAME AND ADD	RESS OI	F EACH MANAGE	R OF THE LIMITE				ـــــــــــــــــــــــــــــــــــــ
Manager Name LOUIS BOURLOS Street Address 322 BROADWAY City PROVIDENCE RI 02903 Manager Name Street Address Street Address City State Zip City State Zip City State Zip Address Street Address City State Zip City State Zip City State Zip City State Zip City State Zip Street Address City State Zip RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11 Address STEPHEN T. NAPOLITANO Address STEPHEN T. NAPOLITANO Address STEPHEN T. NAPOLITANO								
Manager Name LOUIS BOURLOS Street Address 322 BROADWAY City PROVIDENCE RI 02903 Manager Name Street Address Street Address City State Zip City State Zip City State Zip Address Street Address City State Zip City State Zip City State Zip City State Zip City State Zip Street Address City State Zip RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11 Address STEPHEN T. NAPOLITANO Address STEPHEN T. NAPOLITANO Address STEPHEN T. NAPOLITANO		ANY MO	DIFICATIONS TO MA	NAGERS REQUIRES F	ILING OF AMENDMENT. R.I.G	3.L 7-16-12 (a) (2) / 7-16-52	
Street Address 322 BROADWAY City PROVIDENCE RI 02903 Manager Name Street Address Street Address City State Zip Manager Name Street Address Street Address City State Zip Address City State Zip City State Zip Address City State Zip Address TepHENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address STEPHENT. NAPOLITANO Address City Zip STEPHENT ADDRESS City Zip	Manager Name				*Manager Name			
City PROVIDENCE RI 02903 Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Address State Zip City State Zip State Zip Address State Zip The City State Zip State Zip Address STEPHEN T. NAPOLITANO Address City Zip Address STEPHEN T. NAPOLITANO Address STEPHEN T. NAPOLITANO Address STEPHEN T. NAPOLITANO Address	LOUIS BOUR	LOS			•			
City State Zip City State Zip PROVIDENCE RI 0.2903 Manager Name Street Address Street Address 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 Address Stephen T. Napolitano Address City Zip The south Main expert Zip The s	Street Address				*Street Address			
City State Zip City State Zip PROVIDENCE RI 0.2903 Manager Name Street Address Street Address 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 Address Stephen T. Napolitano Address City Zip The south Main expert Zip The s	322 BROADW	ΙΑΥ			•			
Manager Name Street Address Street Address City State Zip 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 Address STEPHEN T. NAPOLITANO Address City Zip Zip	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 STEPHEN T. NAPOLITANO Address City Topolineses					Manager Name			
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name STEPHEN T. NAPOLITANO Address City Topolineses	Street Address				• Street Address			
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L., 7-16-11 Agent Name STEPHEN T. NAPOLITANO Address City DECLIFIED ACTORNO TO THE MAIN STREET.	•				•			
Agent Name Address STEPHEN T. NAPOLITANO Address City DECOMPLIES	City		State	Zıp	City	State	-	Zip
Agent Name Address STEPHEN T. NAPOLITANO Address City DECOMPLIES	8. RESIDENT AGEN	TIN RH	ODE ISLAND "DO I	VOT ALTER. Change	s require filing of Fore	. 642 P.C.	7 16 11	
Address City Zip	Agent Name			- Acien Ghange	1 ·	1 042 - K.I.G.L		
155 COUTH MAIN CIPPET		ANO						
155 SOUTH MAIN STREET PROVIDENCE 02903	Address			<u>-</u>	City		Zip	-
· · · · · · · · · · · · · · · · · · ·	155 SOUTH MAIN STR	155 SOUTH MAIN STREET			PROVIDENCE	VIDENCE 02903		
					<u> </u>		_	<u> </u>

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



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

10/30/02

Date

Louis Bourlos

Print or Type Name of Authorized Person

File Date Check No. FOR SECRETARY OF STATE USE ONLY 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



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11.}	NIIMBEE	11111	f : 1	HILANAA	L

Annual Report for the year 2001

טו	Number DLLC 104544	Annual Report for the year 2001			
1.	The name of the limited liability compa	any is:			
	OCEAN STATE REALTY LLC				
2.	The address of the principal office of to 322 BROADWAY, PROVIDENCE				
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND			
4.	The name and address of its resident	agent is: STEPHEN T. NAPOLITANO			
	155 SOUTH MAIN STREET PROVID	ENCE RI 02903			
5. The current mailing address of the limited liability company and the name or title of a person to whom commay be directed are: STEPHEN T. NAPOLITANO, ESQ., 155 SOUTH MAIN					
	STREET, PROVIDENCE, RI	02903			
6.		the business in which the limited liability company is actually engaged in this velop, finance, rent and sell real estate			
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company Address			
	LOUIS BOURLOS	322 BROADWAY, PROVIDENCE, RI 02903			
Da	October , 2001	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.			
		OCEAN STATE REALTY LLC			
	1 0 4 5 4 4	Exact Name of Limited Liability Company			
Eilo	FOR SECRETARY OF STATE USE ONLY Date:	By Lay's Barks			
	Suite.	Louis Bourlos, Manager			
Che By:	ck No.: 1218	Tille Form No. 632 Revised 01/99			

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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 104544

By:

Annual Report for the year 2000

		· · · · · · · · · · · · · · · · · · ·						
1.	The name of the limited liability company is:							
	OCEAN STATE REALTY LLC							
2.	2. The address of the principal office of the limited liability company is:							
3.	The state or other jurisdiction under the	a laws of which it is formed is RHODE ISLAND						
4.	The name and address of its resident a	igentis: STEPHEN T. NAPOLITANO						
	155 SOUTH MAIN STREET PROVIDE	ENCE RI 02903						
5.		ted liability company and the name or title of a person to whom communication: NAPOLITANO, 155 SOUTH MAIN STREET,						
6.		the business in which the limited liability company is actually engaged in this volop, finance, rent and sell real estate						
7.	If the limited liability company has man	agers, the name and address of each manager of the limited liability company Address						
	LOUIS BOURLOS	45 GOODNOW LANE, FRAMINGHAM, MA 01701						
	od October , 2000							
Da	ted	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. OCEAN STATE REALTY LLC						
	1 0 4 5 4 4	Exact Name of Limited Liability Company						
File	POR SECRETARY OF STATE USE ONLY Date: ///6/2000	By Taus Bourlos, Manager						
Che	ck No.: 1028	Tide Form No. 632						
_		rorm No. 032						