

Matthew A. Brown, Secretary of State Corporations Division 190 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 TYPE | | | • | 30.00 | | | |
|--|---------------|---|--|--|--|--|-----|
| 1 1D No 106444 | | 2 Exact name of the limited liability company DeCastro Brothers Realty, LLC | | | | | |
| 3 State of Formation | • | 4 Brief description | of the character of t | he business which is actually cond | ucted in Rhode Island | • | _ |
| RHODE ISLAND REAL ESTATE AND INVESTMENT | | | | NT MANAGEMENT | | | |
| 5 Principal office addre | ?\$ \$ | | | City | State | Zip | _ |
| 2348 EAST MAIN ROAD | | | | PORTSMOUTH | RI | 02871 | |
| 6-MAILING ADD Contact Name STEPHEN E DEC | | EZIMITED LI | ABIETTYŁCÓMI | ANY AND NAME OR TIT Contact Title | UELORGÓNTACIÚ | TRSON A A A CAREA | 魯 |
| Street Address | | | | Cuy | State | Zip | _ |
| 2348 EAST MAIN | N ROAD | | | . PORTSMOUTH | RI | 02817- | |
| 7. NAME AND AD | DRESS ANY MC | OF EACH MAI FILL IN SPACE ODIFICATIONS TO | NAGER OF THI ESBEFORE USE MANAGERS REC | CLIMITED LIABILITY C SG ATTACHNENTS AT YEA WIRES FILING OF AMENOME | OMPANY, IE APPIS O CEORÁITH CHMENT NT. R.L.G.L.7218-12 (8) (| CABLE 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 大学が |
| Manager Name | | | | • Manager Name | | | |
| none | | | | • | | | |
| Street Address | | | | *Street Address | - | | |
| Cuy | | State | Zıp | City | State | Zip | _ |
| Manager Name | | J | | Manager Name | | | • |
| Street Address | | | | ·Sireet Address | <u>-</u> | | |
| City | | State | Zıp | City | State | Zip | _ |
| 8 RESIDENTAGE | T IN RI | HODE ISPANDA | DO NOT ALTER- | hanges require filing | ONFORM CERTIFIC | HALETE IN COMPANY OF | Ž |
| Agent Name | | | | Address | | | |
| KAREN G. DELP | ONTE, | ESQ. | | 56 EXCHANGE | TERRACE | | |
| Address | | | | City | | Zıp | |
| CAMERON & MIT | TLEMAN | , LLP | | PROVIDENCE | | 02903 | |
| | | | | | | | |

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



| *106444 DLLC 09/16/04 09:26:06 AM* | |
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| File Date | |
| Check No. FILED | |
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| |)739° |

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.

Stephen E. DeCastro Print or Type Name of Authorized Person

Form 632 Rev 6 02

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 461 222 3940



MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

| | 2. Exact name of the tim | uted liabilty company | | | | |
|--|------------------------------|-----------------------------|---|-----------------|------------|--|
| 106444 | DeCastro Brothers | stro Brothers Realty, LLC | | | | |
| 3. State of Formation | 4. Brief descrip | tion of the character of th | he business which is actually conducted | in Rhode Island | | |
| RHODE ISLAND REAL ESTATE AND INVESTMENT | | | IT MANAGEMENT | | | |
| 5. Principal office add | dress | | City | State | Zıp | |
| 2348 EAST MA | IN ROAD | | PORTSMOUTH | RI | C2871 | |
| 6. MAILING AD | DRESS OF LIMITED | LIABILITY COMP | ANY AND NAME OR TITLE | OF CONTACT PE | ERSON: | |
| Contact Name | | | Contact Title | | | |
| STEPHEN E DE | CASTRO | | • | | | |
| Street Address | | | City | State | Zip | |
| 2348 EAST MA | IN ROAD | | . PORTSMOUTH | RI | 02817- | |
| Manager Name | | | •Manager Name • | | | |
| ·· | | | • | | <u>.</u> - | |
| <u>.</u> | | | •Manager Name • • • • •Street Address | | | |
| Manager Name Street Address City | State | Ζιp | • | State | Zip | |
| Street Address City | State | Ζιp | • Street Address | State | Zip | |
| Street Address | State | Zıp | *Street Address *City | State | Zıp | |
| Street Address City Manager Name Street Address | | | *Street Address *City *Manager Name *Street Address | | | |
| Street Address Cuty Manager Name | State State | Z _i p | *Street Address *City *Manager Name | State State | Zip Zip | |
| Street Address City Manager Name Street Address City | State | Zıp | *Street Address *City *Manager Name *Street Address *City | State | Zip | |
| Street Address City Manager Name Street Address City | State | Zıp | *Street Address *City *Manager Name *Street Address | State | Zip | |
| Street Address Cuty Manager Name Street Address Cuty 8. RESIDENT AG | State ENT IN RHODE ISLAN | Zıp | Street Address City Manager Name Street Address City Changes require filing of F | | Zip | |
| Street Address City Manager Name Street Address City 8. RESIDENT AG Agent Name | State ENT IN RHODE ISLAN | Zıp | *Street Address *City *Manager Name *Street Address *City Changes require filing of F Address | | Zip | |

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

| *106444 DLLC 09/16/0 | 04 09:26:06 AM* |
|------------------------|-----------------|
| File Date | |
| Check No. | |
| <i>Β</i> γ· | |
| FOR SECRETARY OF STATE | E 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 etatemente contained berein are true and correct |

Stephen E. DeCastro



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

| 1. ID No. 2 Exact name of the limited hability company DeCastro Brothers Realty, LLC | | | | | | | |
|--|-----------|----------------------|--|---|------------------------------|--------|--|
| 3. State of Formation 4. Brief description of the character of the REAL ESTATE AND INVESTMENT AN | | 4. Brief description | Prief description of the character of the business which is actually conducted in Rhode Island | | | | |
| | | nt management | | | | | |
| 5. Principal office ad | ldress | | | City | State | Zıp | |
| 2348 EAST MAIN ROAD | | | PORTSMOUTH | RI | 02871 | | |
| 6. MAILING AD Contact Name STEPHEN E DE | | F LIMITED LI | ABILITY COMP | ANY AND NAME OR TITLE Contact Title | OF CONTACT PI | ERSON: | |
| Street Address | | | | City | State | Zip | |
| 2348 EAST MA | IN ROAD | | | . PORTSMOUTH | RI | 02817- | |
| Manager Name none | | | IRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name · | | | | |
| Street Address | | | | | | | |
| Street Address | | | | • Street Address | | | |
| Street Address City | | State | Zip | *Street Address *City | State | Zip | |
| | | State | Zıp | • | State | Zip | |
| City Manager Name | | State | Zıp | *City | State | Ζιp | |
| City | | State | Zıp | *City *Manager Name | State | Zip | |
| City Manager Name Street Address City | ENT IN RE | (State | Zφ | *City *Manager Name *Street Address | State | Zip | |
| City Manager Name Street Address City 8. RESIDENT AG | **** | State HODE ISLAND | Zφ | City Manager Name Street Address City hanges require filing of F | State Form 642 - R.L.G.L. | Zip | |
| City Manager Name Street Address City 8. RESIDENT AG Agent Name | **** | State HODE ISLAND | Zφ | City Manager Name Street Address City Changes require filing of F | State Form 642 - R.L.G.L. | Zip | |

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



| *106444 D | LLC 09/10/03 09:57:04 AM* |
|------------|---------------------------|
| File Date | |
| Check No. | SEP 23 2003 |
| By: | By 116970 |
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|---------------------------------------|----------------------------|---------|
| his report, including any accompan | lying schedules and staten | nents, |
| nd that all statements contained he | rein are true and correct. | , / |
| Stephen & | De Castra | 9/15/03 |
| ignature of Authorized Person | Date | 7 (|
| Ctoobon E. DoCoote | _ | |

Stephen E. DeCastro Print or Type Name of Authorized Person

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

| <i>I ID No</i> *106444* | 1 | 2. Exact name of the limited liability company DeCastro Brothers Realty, LLC | | | |
|---|---|--|--|---|---------|
| 3. State of Formation | | | he husiness which is actually conducted | in Rhode Island | |
| RHODE ISLAND | | eni management | | | |
| 5. Principal office | | | City: | State | Zip |
| 2348 EAST MAIN ROAD | | | PORTSMOUTH | RI | 02871 |
| 6. MAILING A Contact Name STEPHEN E I | | LIABILITY COMP | ANY AND NAME OR TITLE *Contact Title . PRES | OF CONTACT PE | RSON: |
| Street Address | | | City | State | Zip |
| 2348 EAST M | AIN ROAD | | PORTSMOUTH | RI | 02817- |
| Manager Name | | | IG ATTACHMENTS ("X" BOX F UIRES FILING OF AMENDMENT. R *Manager Nume | , – | |
| Street Address | ANY MODIFICATIONS | S TO MANAGERS REQ | **UIRES FILING OF AMENDMENT. R **Manager Nume ** **Sweet Address ** | k.i.G.L 7-16-12 (a) (2) | 7-16-52 |
| | | | UIRES FILING OF AMENDMENT. R • Manager Name • | , – | |
| Street Address | ANY MODIFICATIONS | S TO MANAGERS REQ | **UIRES FILING OF AMENDMENT. R **Manager Nume ** **Sweet Address ** | k.i.G.L 7-16-12 (a) (2) | 7-16-52 |
| Street Address City | ANY MODIFICATIONS | S TO MANAGERS REQ | **UIRES FILING OF AMENDMENT. R **Manager Nume **Street Address **City** **City** | k.i.G.L 7-16-12 (a) (2) | 7-16-52 |
| Street Address Cuty Manager Name | ANY MODIFICATIONS | S TO MANAGERS REQ | **Manager Name **Survey Address **City **Manager Name | k.i.G.L 7-16-12 (a) (2) | 7-16-52 |
| Street Address City Manager Name Street Address City | State State | Zip | **Manager Name **Street Address **Manager Name **City **Manager Name **Street Address | State State | Zip |
| Street Address City Manager Name Street Address City 8. RESIDENT A Agent Name | State State | Zip | **Sirvet Address **City **Manager Name **City **Manager Name **Street Address **City **City **City **City **City | State State | Zip |
| Street Address City Manager Name Street Address City 8. RESIDENT A Agent Name | State State | Zip | **Manager Name **Street Address **City **Street Address **City **City **City **City **City **Address | State State | Zip |

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



106444 DLLC9/5/023:31:46 PM File Date_ FOR SECRETARY OF STATE USE ONIZ

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

STEPHEN E. DECASTRO

Print or Type Name of Authorized Person



To be filed annually between ptember 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 106444

By:

Annual Report for the year 2000

| 1. | The name of the limited liability company is | 3 : | | |
|------|--|--|--|--|
| | DeCastro Brothers Realty, LLC | | | |
| 2. | The address of the principal office of the lin | nited liability company is: | | |
| | 2348 East Main Road, I | Portsmouth, RI 02871 | | |
| 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: KAREN G. DELPONTE, ESQ. | | | |
| | CAMERON & MITTLEMAN, LLP 56 EXCH | IANGE TERRACE 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: Stephen E. | DeCastro, President | | |
| | 2348 East M | ain Road, Portsmouth, RI 02871 | | |
| 6. | A brief statement of the character of the | business in which the limited liability company is actually engaged in this | | |
| | state: real estate and inves | tment management | | |
| 7. | If the limited liability company has manage <i>Name</i> | ers, the name and address of each manager of the limited liability company **Address** | | |
| | попе | | | |
| | | | | |
| | | | | |
| Da | ted 9/1/2000 | 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. | | |
| | | DeCastro Brothers Realty, LLC | | |
| | 1 0 6 4 4 4 | Exact Name of Limited Liability Company | | |
| File | POR SECRETORY OF STATE USE ONLY Date: | By Stephen De Castro | | |
| | AUG 0 6 2001 | Stephen E. DeCastro, President | | |
| Che | By (12.6.33/ | Title Form No. 632 | | |



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 ' | 106444 |
|-----------|--------|--------|
|-----------|--------|--------|

Annual Report for the year 2001

| 1. | The name of the limited liability company is: | | | |
|---|--|---|--|--|
| | DeCastro Brothers Realty, LLC | | | |
| 2. | The address of the principal office of the | ne limited liability company is: | | |
| | 2348 East Main Road, Por | tsmouth, RI 02871 | | |
| 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: KAREN G. DELPONTE, ESQ. | | | |
| | CAMERON & MITTLEMAN, LLP 56 E | XCHANGE TERRACE PROVIDENCE RI 02903 | | |
| 5. | The current mailing address of the lim | ited liability company and the name or title of a person to whom communications | | |
| may be directed are: Stephen E. DeCastro, President | | | | |
| | 2348 Eas | t Main Road, Portsmouth, RI 02871 | | |
| 7. | If the limited liability company has man Name | nagers, the name and address of each manager of the limited liability company Address | | |
| File | FOR SECRETARY OF STATE USE ONLY e Date: 1/2/4-1/1/eck No.: 334/ | 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. DeCastro Brothers Realty, LLC Exact Name of Limited Liability Company Stephen E. DeCastro, President Title Form No. 632 Revised 01/99 | | |
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DETACH BOTTOM BEFORE RETURNING