



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. 110347		2. Exact name of the limited liability company Holly Lane Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, LEASE, MORTGAGE, OPERATE, SELL AND OTHERWISE DISPOSE OF REAL PROPERTY	
5. Principal office address 505 CENTRAL AVENUE		City PAWTUCKET	State RI
		Zip 02861-1945	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name NORMAN G ORODENKER		Contact Title .	
Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI
		Zip 02903-2818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a)(2) / 7-16-52			
Manager Name None		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	*City .
			*State .
Manager Name		*Manager Name .	
Street Address		*Street Address .	
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 NORMAN G. ORODENKER, ESQ.		Address 10 WEYBOSSET STREET, 10TH FLOOR	
Address		City PROVIDENCE	Zip 02903-2818

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



1 1 0 3 4 7

110347 DLLC 08/31/05 10:37:55 AM

File Date **FILED**

Check No. **SEP 21 2005**

By: *[Signature]*

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.

Ruth D. Fain 9/16/05
Signature of Authorized Person Date
Ruth D. Fain
Print or Type Name of Authorized Person



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. 110347		2. Exact name of the limited liability company Holly Lane Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, LEASE, MORTGAGE, OPERATE, SELL AND OTHERWISE DISPOSE OF REAL PROPERTY			
5. Principal office address 505 CENTRAL AVENUE		City PAWTUCKET	State RI	Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NORMAN G ORODENKER		Contact Title Attorney			
Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI	Zip 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) <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 None		Manager Name			
Street Address		Street Address			
City	State	Zip	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 NORMAN G. ORODENKER, ESQ.		Address 10 WEYBOSSET STREET, 10TH FLOOR			
Address		City PROVIDENCE	Zip 02903-		

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



1 1 0 3 4 7

110347 DLLC 09/09/04 01:50:03 PM

File Date 9-23-04

Check No. 59716

By: AMF

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.

Ruth D. Fain 9/14/04
Signature of Authorized Person Date

Ruth D. Fain
Print or Type Name of Authorized Person



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. 110347		2. Exact name of the limited liability company Holly Lane Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, LEASE, MORTGAGE, OPERATE, SELL AND OTHERWISE DISPOSE OF REAL PROPERTY	
5. Principal office address 505 CENTRAL AVENUE		City PAWTUCKET	State RI
		Zip 02861-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name NORMAN G ORODENKER		Contact Title	
Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI
		Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (b) (2) / 7-16-52			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	City
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NORMAN G. ORODENKER, ESQ.		Address 10 WEYBOSSET STREET, 10TH FLOOR	
Address		City PROVIDENCE	Zip 02903-

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



1 1 0 3 4 7

110347 DLLC 09/26/03 11:15:57 AM

File Date 10/10/03

Check No. 56174

By: [Signature]

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.

Ruth D. Fain 10/1/03
Signature of Authorized Person Date

Ruth D. Fain, President
Print or Type Name of Authorized Person



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. *110347*		2. Exact name of the limited liability company Holly Lane Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, LEASE, MORTGAGE, OPERATE, SELL AND OTHERWISE DISPOSE OF REAL PROPERTY	
5. Principal office address 505 CENTRAL AVENUE		City PAWTUCKET	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name NORMAN G ORODENKER		Contact Title	
Street Address 10 WEYBOSSET STREET		City PROVIDENCE	State RI
		Zip 02903-2818	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 NORMAN G. ORODENKER, ESQ.		Address 10 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903-

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



* 1 1 0 3 4 7 *

**110347* 9/11/02 12:12:26 PM*

File Date **FILED**

Check No. **SEP 24 2002**

By: **CC 50923**

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.

Ruth D. Fain 9/12/02
Signature of Authorized Person Date

Ruth D. Fain, President
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

LIMITED LIABILITY COMPANY

ID Number: DLLC 110347

Annual Report for the year 2001

1. The name of the limited liability company is: HOLLY LANE REALTY, LLC
2. The address of the principal office of the limited liability company is: 505 Central Avenue, Pawtucket, RI 02861.
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island.
4. The name and address of its registered agent is: NORMAN G. ORODENKER, 10 Weybosset 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: Norman G. Orodener, 10 Weybosset Street, Providence, RI 02903.
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to acquire, develop, own, lease, mortgage, manage, operate, sell and otherwise dispose of real property.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

None

Dated Oct 3, 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.

FILED

OCT 16 2001

By [Signature]

HOLLY LANE REALTY, LLC

By [Signature]

Ruth D. Fain, President