Matthew A. Brown, Secretary of State Carporations Division
100 North Main Street, Providence, RI 02903-1335 401.222 3040



## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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1 1D No. 108248	2. Exact name of the limit BY Realty, LLC				
3. State of Formation	l '		e business which is actually conducted	in Rhode Island	-
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5. Principal office ad			City	State	Zip
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6. MAILING AD  Contact Name  MATTHEW A TH		IABILITY COMP	Contact Title	OF CONTACT PE	RSON
Street Address	II DAODI	<u> </u>	City	State	Zıp
	West, Suite 113		PROVIDENCE	RI	02903-
	FILL IN SPA	CES BEFORE USIN	LIMITED LIABILITY COMI GIATTACHMENTS ("X" BOX F UIRES FILING OF AMENDMENT. R • Manager Name	OR ATTACHMENT)	
			•		
Street Address			• Street Address	<del></del>	
City	State	Zip	City	State	Z <sub>I</sub> p
Manager Name	J		Manager Name		
Street Address		<u> </u>	Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AG		-DO NOT ALTER- O	hanges require filing of F		7-16-11
Address			City	<u> </u>	Zip
			PROVIDENCE		02903- 05 05
This report must	be <b>signed in ink</b> by an	authorized perso	n pursuant to 7-16-66.		000 31 PH 2: 14
*108248 DLLC	1 0 8 2 4 8	•	this report, including		ffirm that I have examined schedules and statements, are true and correct.
File Date DCT 3 1 2005			Menten	Chilere	3 10/20/2005
Check No	ByM8114	_   	Signature of Authoriz	ed Person  A. Thibu  of Authorized Person	Date
FOR SECRETARY	OF STATE USE ONLY	11/1	- From Or Type Hame C	y .vmmorec w r eroom	Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

## 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) 2 Exact name of the limited liabilty company I. ID No. 108248 BY Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3 State of Formation REAL ESTATE RHODE ISLAND State 5. Principal office address RΤ WARWICK 02818 5784 POST ROAD SUITE 5 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE, OF CONTACT PERSON: Contact Title Contact Name MATTHEW A THIBAULT City State Zip Street Address RΙ 02903-. PROVIDENCE 545 SOUTH MAIN STREET 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS CX 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 State Zip City State Zıp \*City Manager Name Manager Name ·Street Address Street Address Zip State State City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name 5784 POST ROAD, SUITE 5 MATTHEW A. THIBAULT Zip Address 02818-WARWICK

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



*108248 D	LLC 10/ 6/41(24) 1) AM*	]
File Date	NOV 0 1 2004	
Check No By.	By M49005	
	ARY OF STATE USE ONLY	טן צבון

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.

Manten Ci	(Tulanto	10-25-0
Signature of Authorized Person	Date	

Matthew A. Thibault

Print or Type Name of Authorized Person

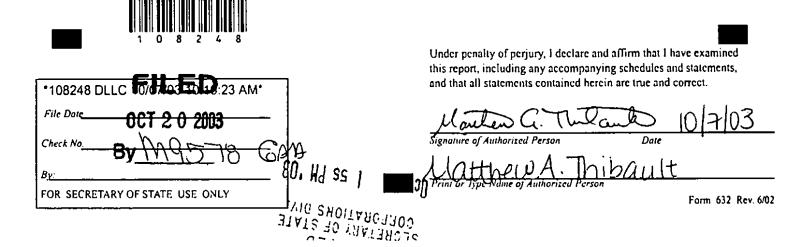


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fce: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liability company 108248 BY Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RHODE ISLAND State Cirv Zio 5. Principal office address WARWICK RI 02818 5784 POST ROAD SUITE 5 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MATTHEW A THIBAULT State Street Address City RI . PROVIDENCE 02903 545 SOUTH MAIN STREET 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 State Zip City State Zip City Manager Name Manager Name Sireei Address Street Address Zip State 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 Address MATTHEW A. THIBAULT 5784 POST ROAD, SUITE 5 City Zip Address WARWICK 02818-

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





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

	ED OR PRINTED IN BLAC				
1 ID No. 248 3. State of Formation	2. Exact name of the limit  A Brief description	ru LLC	ess which is actually conducted in I	Rhode Island	
RhodeIsla	ud Real	Estate	,		
5 Principal office address 5784 POS	it Road Si	uté 5	Wanvick	State RI_	<sup>Zip</sup> 07818
6: MATEING ADDI	RESS OF LIMITED I	IABILITY COMPANYA	to Carlo programme and the second process and	CONTACT PER	SON TO SAFA TO VIEW
Matther	U A. Thib	ault _	: Accounta	nt	· · · · · · · · · · · · · · · · · · ·
Street Address PD	st Road	Suite 5	: Warwick	State CI	Q5818
7 NAMEAND ADI	RESS OF FACILMA	NAGER OF THE LIMI CESBEFORE USING ATT	TED) LTABILITA (COMPA) ACTIMENTS & F. X. BOX FOR FILING OF AMENDMENT R. C	NY (IF APPLICA ATTACHMENT) []	
Table Printers and Committee of the Comm	ANY MODIFICATIONS.	O MANAGERS REQUIRES.		E 7 (16-12 (a) (2) /	10.025.50
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Street Address			Street Address	<del></del>	<u> </u>
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City	State	Zip	*City	State	Zıp
Manager Name			*Manager Name	!	
Street Address		•	Street Address		
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8 RESIDENT AGEN			es require filing of Fort	ñ 642 ⊒Rì.GL 7.	611 2 612 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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fg 5784	Post Road	Suitc5	wanvick	RI Z	<u>() 2848 sz.                                    </u>
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					TO US
This report must be	e signed in ink by an	authorized person pursi	uant to 7-16-66.		ATE ATE
•			·		

File Date

SEP 2 6 2002

Check No.

By AM 94 143

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.

Murhar G. The aut 9/18/2002

Signature of Authorized Person

Date

latthew A. Thibault

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

· Eller



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

#### LIMITE

ED LI	<b>ABILITY</b>	COMPANY	•	

ID	Number DLLC 108248	Annual Report for the year 2001				
1.	The name of the limited liability comp	pany is:				
	BY Realty, LLC					
2.	2. The address of the principal office of the limited liability company is:					
	E784 Post Road, Suite 5, Warwick,	E784 Post Road, Suite 5, Warwick, RI 02818				
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	t agent is: A. MAX KOHLENBERG, ESQ.				
	EDWARDS & ANGELL, LLP 2800 BA	ANKBOSTON PLAZA PROVIDENCE RI 02903				
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications				
	may be directed are: 5784 Post Road	d. Suite 5. Warwick. RI 02818				
	Attention: David Mixer					
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in the state: _real_estate					
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company  Address				
	1 /					
Da	ated / 0 / 3 3 / , 200	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.				
		BY Realty, LLC  Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY e Date:	By New Muss				
Che	eck No.: OCT 2 2 2001	David P. Mixer, Member				
B <sub>1/2</sub>	Du OCILI	Title Form No. 632 Revised 01/99				

DETACH BOTTOM BEFORE RETURNING

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

#### ID Number DLLC 108248

By:

Annual Report for the year 2000

1.	The name of the limited liability company	is:			
	BY Realty, LLC				
2.	The address of the principal office of the I	imited liability company is:			
	5784 Post Road, Suite 5, Warwick,	.RI 02818			
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: A. Max Kohlenberg, Esq., c/o Edwards & Angell, LLP				
	2800 BANKBSOTON PLAZA PROVIDE	NCE RI 02903			
5.	The current mailing address of the limited	d liability company and the name or title of a person to whom communications			
	may be directed are: 5748 Post Road,	Suite 5, Warwick, RI 02818,			
	Attention: David Mixer				
6.	A brief statement of the character of the	e business in which the limited liability company is actually engaged in this			
-	•				
_					
7.	Name	gers, the name and address of each manager of the limited liability company  Address			
	ated October 30, 2000				
Di	ated <u>V(/0,6-2,000</u>	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.			
	II     II   II   II   II   II   II   I	BY Realty, LLC  Exact Name of Limited Lighility Company			
		() (MI)			
Cil	POR SECRETARY OF STATE USE ONLY e Date:	Bydim Muly			
		David P. Mixer, Member			
Ch	eck No.: 007 8 1 2800	Title Form No. 632			
Bv	: 76429	Revised 01/99			