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

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 2005

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 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
RHODE ISLAND	**REAL ESTATE**

5. Principal office address	City	State	Zip
5784 POST ROAD SUITE 5	WARWICK	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MATTHEW A THIBAULT	

Street Address	City	State	Zip
50 Park Row West, Suite 113	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	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	Address
MATTHEW A. THIBAULT	545 SOUTH MAIN STREET
Address	City / Zip
	PROVIDENCE 02903-

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SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] 108248 [redacted]

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File Date FILED OCT 31 2005
Check No. By M81141
By:
FOR SECRETARY OF STATE USE ONLY CM

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.

Matthew A Thibault 10/20/2005
Signature of Authorized Person *Date*

Matthew A. Thibault
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

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)

1. 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
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
5784 POST ROAD SUITE 5	WARWICK	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MATTHEW A THIBAULT	

Street Address	City	State	Zip
545 SOUTH MAIN STREET	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	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	Address
MATTHEW A. THIBAULT	5784 POST ROAD, SUITE 5
Address	City / Zip
	WARWICK 02818-

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

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File Date NOV 01 2004
Check No.
By [redacted]
By
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.

Matthew A Thibault 10-25-04
Signature of Authorized Person *Date*

[redacted] Matthew A. Thibault
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

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 Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. 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
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
5784 POST ROAD SUITE 5	WARWICK	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MATTHEW A THIBAULT	

Street Address	City	State	Zip
545 SOUTH MAIN STREET	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	Street Address	City	State	Zip

Manager Name	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

Agent Name	Address	City	Zip
MATTHEW A. THIBAULT	5784 POST ROAD, SUITE 5	WARWICK	02818-

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

[redacted] 1 0 8 2 4 8 [redacted]

108248 DLLC 10/[illegible]:23 AM
File Date OCT 20 2003
Check No. By [illegible]
By:
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.

Matthew A. Thibault 10/7/03
Signature of Authorized Person *Date*

Matthew A. Thibault
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

SECRETARY OF STATE
CORPORATIONS DIV
03 OCT 20 PM 1:55

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. 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
Rhode Island	Real Estate

5. Principal office address	City	State	Zip
5784 Post Road Suite 5	Warwick	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Matthew A. Thibault	Accountant

Street Address	City	State	Zip
5784 Post Road, Suite 5	Warwick	RI	02818

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	Street Address	City	State	Zip

Manager Name	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**

Agent Name	Address	City	Zip
Matthew A. Thibault			
Address: eg 5784 Post Road, Suite 5		Warwick RI	02818

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SEP 20 '02 12:45 PM
SECRETARY OF STATE
CORPORATIONS DIV.

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

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File Date SEP 26 2002
Check No. By CAA 91439
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Matthew A. Thibault 9/18/2002
Signature of Authorized Person *Date*

[redacted] Matthew A. Thibault
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   BY Realty, LLC

2. The address of the principal office of the limited 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.

   EDWARDS & ANGELL, LLP 2800 BANKBOSTON PLAZA 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: 5784 Post Road, Suite 5, Warwick, RI 02818

   Attention: David Mixer

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	*Address*

Dated 10/22/, 2001

108248

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

By _____

David P. Mixer, Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: FILED
Check No.: OCT 22 2001
By: By

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 **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 limited 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 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:** 5748 Post Road, Suite 5, Warwick, RI 02818,

   Attention: David Mixer

6. **A brief statement of the character of the business in which the limited liability company is actually engaged in this state:** real estate

7. **If the limited liability company has managers, the name and address of each manager of the limited liability company**

Name	*Address*

Dated October 30, 2000

1 0 8 2 4 8

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

By David Mixer

David P. Mixer, Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.: OCT 31 2000
By: 76428

Form No. 632
Revised 01/99