

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

		•	\$50.00				
	YPED OR PRINTED						
1. ID No. 128249		t name of the limited liabilty company ment Realty, LLC					
3. State of Formation	4. Bnej	description of the character of	f the business which is actually conducte	ed in Rhode Island			
RHODE ISLAN	ID REAL	ESTATE					
5. Principal office at			City	State	Zip		
25 AMFLEX D			CRANSTON	RI	02921-		
	DRESS OF LIM	ITED LIABILITY CON	1PANY AND NAME OR TITLE	OF CONTACT PI	ERSON:		
Contact Name RICHARD S R	ILEY		Contact Title				
Street Address			City	State	Zip		
25 AMFLEX DE	RIVE		CRANSTON	RI	02921-		
Manager Name	ANY MODIFICA	ATIONS TO MANAGERS R	EQUIRES FILING OF AMENDMENT. • Manager Name	R.I.G.L 7-16-12 (a) (2) / 7-16-52		
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Street Address			· Sireei Address				
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<u>. </u>	State	Zip	· Street Address · City	State	Zip		
City	State	Zip	•	State	Zip		
Street Address City Manager Name Street Address	State	Zip	City	State	Zip		
City Manager Name	State	Zip Zip	*City *Manager Name	State	Zip		
City Manager Name Street Address City	State	Zip	*Manager Name *Street Address *City	State	Zip		
City Manager Name Street Address City 8. RESIDENT A	State	Zip	*Manager Name *Street Address	State	Zip		
City Manager Name Street Address City	Siate SENT IN RHODE	Zip	**City **Manager Name **Street Address **City -*Changes require filing of	State Form 642 - R.I.G.L.	Zip		
City Manager Name Street Address City 8. RESIDENT ACAgent Name	Siate SENT IN RHODE	Zip	City Manager Name Street Address City Changes require filing of Address	State Form 642 - R.I.G.L.	Zip		

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

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File Date	רובט	
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By:	By Odbu	Min
FOR SECRE	TARY OF STATE USE ONLY	

Under new lay of periors, I declare	and affirm that I have examined
Under penalty of perjury, I declare a this report, including any accompan	and attitut that I have examined
this report, including any accompan	lying schedules and statements,
and that all statements contained he	rein are true and correct.
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	10-27-05
	כטין א טו
Signature of Authorized Person	Date
• • •	

Pasco Gasbarro Jr.

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

2004

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

1. ID No.	ED OR PRINTED IN BLACK) 2. Exact name of the limited liability company					
128249	Document Realty	Document Realty, LLC				
3. State of Formation			he business which is actually conducte	d in Rhode Island	-	
RHODE ISLAND	REAL EST.	ATE				
5. Principal office add			City	State	Zip	
25 AMFLEX DR	IVE		CRANSTON	RI	02921	
6. MAILING ADI	DRESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:	
RICHARD S. R			Contact Title			
Street Address			City	State	Zip	
25 AMFLEX DR			CRANSTON LIMITED LIABILITY CON	RI	02921	
Manager Name None	The Manual Location	S TO MINISTERS REQ	UIRES FILING OF AMENDMENT. *Manager Name *	K.I.G.L /-16-12 (8) (2) /	/-16-52	
Street Address			•	<u> </u>		
Corect Municog			• Street Address			
City	State	Zip	*City	State	Zip	
			*Manager Name	l		
Manager Name			• Annager Annage			
Manager Name Street Address			· Street Address			
Street Address	State	Zip	:	State	Zip	
Street Address City			· Street Address		1	
Street Address City 8. RESIDENT AGE			· Street Address		1	
Street Address City 8. RESIDENT AGE Igent Name	ENT IN RHODE ISLA		Street Address City Changes require filling of F	orm 642 - R.I.G.L. 7	1	
Street Address City 8. RESIDENT AGE Igent Name PASCO GASBA	ENT IN RHODE ISLA		City Changes require filing of F	Form 642 - R.I.G.L. 7-	1	
8. RESIDENT AGE Agent Name PASCO GASBA	ENT IN RHODE ISLA	ND -DO NOT ALTER- C	Street Address City Changes require filing of F Address 1500 FLEET CEN	Form 642 - R.I.G.L. 7-	16-11	

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



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В <u>у:</u>	U	,		
FOR SECR	ETARY	Y OF S	TATE (JSE 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.
$\leq f_{\Lambda'}$
Selle In
Signature of Authorited Person Date
Pasco Gasbarro Jr.



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) 2. Exact name of the limited liabilty company 128249 Document 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 5. Principal office address State City Zip 25 Amflex Drive Cranston RI 02921 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Richard S. Riley Street Address City State 25 Amflex Drive .Cranston RI 02921 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 Zip City State Zip Manager Name Manager Name Street Address Street Address City State State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igeni Name Address PASCO GASBARRO, JR. 1500 FLEET CENTER Address HINCKLEY, ALLEN & SNYDER LLP **PROVIDENCE** 02903-

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



128249	DLLC 09/17/03 08:41:43 AM
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B <u>y;</u>	(1) (2)
FOR SECRE	ETARY 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.

Signature of Authorized Person

Date

Pasco Gasbarro Jr., Agent