



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. UZ No. 106050		2. Exact name of the limited liability company 1025 Realty II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO INVEST IN REAL ESTATE.			
5. Principal office address 1025 PLAINFIELD STREET		City JOHNSTON	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVE R LOMBARDI			Contact Title VICE PRES		
Street Address 378 GREENVILLE		City JOHNSTON	State RI	Zip 02919	
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			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 JOSEPH A. MONTALBANO, ESQ			Address MONTALBANO & MONTALBANO, LTD.		
Address 959 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	Zip 02904	

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



File Date	11-09-05	*106050*
Check No.	1509	
By:	MLD	
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.


Signature of Authorized Person Date 10/05/05
STEVE R. LOMBARDI
Print or Type Name of Authorized Person



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. 106050		2. Exact name of the limited liability company 1025 Realty II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO INVEST IN REAL ESTATE.			
5. Principal office address 1025 PLAINFIELD ST.		City JOHNSON	State R.I.	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name			Contact Title		
Street Address		City	State	Zip	
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			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 JOSEPH A. MONTALBANO, ESQ			Address MONTALBANO & MONTALBANO, LTD		
Address 959 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	Zip 02904		

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



* 1 0 6 0 5 0 *

File Date	<u>11/26/04</u>
Check No.	<u>1444</u>
By:	<u>W.</u>
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.

Al D. Lohit 9/14/04
 Signature of Authorized Person Date
Steven P. Lombardi
 Print or Type Name of Authorized Person



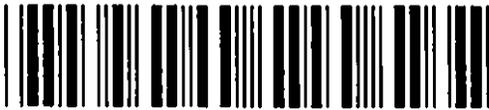
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 106050		2. Exact name of the limited liability company 1025 Realty II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO INVEST IN REAL ESTATE.			
5. Principal office address 1025 PLAINFIELD STREET			City JOHNSTON	State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVEN R. LOMBARDI			Contact Title V.P.		
Street Address 1025 PLAINFIELD STREET			City JOHNSTON	State R.I.	Zip 02919
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 type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name N/A			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 JOSEPH A. MONTALBANO, ESQ			Address MONTALBANO & MONTALBANO, LTD.		
Address 959 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	Zip 02904	

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



* 1 0 6 0 5 0 *

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.

File Date 10/6/03
 Check No 1330
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

[Signature] 10/03/03
 Signature of Authorized Person Date
STEVEN R. LOMBARDI
 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. 106050		2. Exact name of the limited liability company 1025 Realty II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO INVEST IN REAL ESTATE.			
5. Principal office address 1025 Plainfield Street			City Johnston	State R.I.	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph A. Montalbano			Contact Title Attorney		
Street Address 959 Mineral Spring Avenue			City North Providence	State R.I.	Zip 02904
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 N/A			*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 JOSEPH A. MONTALBANO, ESQ			Address MONTALBANO & MONTALBANO, LTD.		
Address 959 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	Zip 02904	

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



* 1 0 6 0 5 0 *

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 12/19/02

Steve R. Lombardi
Print or Type Name of Authorized Person

File Date 12-24-02
Check No. 17697
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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 106050

Annual Report for the year 2001

1. The name of the limited liability company is:

1025 Realty II, LLC

2. The address of the principal office of the limited liability company is:

1025 Plainfield St. Johnston, R.I. 02919

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: JOSEPH A. MONTALBANO, ESQ

MONTALBANO & MONTALBANO, LTD. 959 MINERAL SPRING AVENUE NORTH PROVIDENCE RI 02904

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: _____

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
<u>STEVEN R. LOMBARDI</u>	<u>9 QUAIL RIDGE RD. N. PROV.</u>
<u>DAVID E. LOMBARDI</u>	<u>37 THURGOOD ST. N. PROV.</u>

Dated 10/23/01

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.



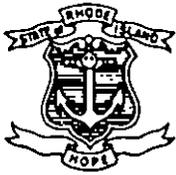
Exact Name of Limited Liability Company
By Steve R. Lombardi
Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10.26-01
Check No.: 1124
By: [Signature]

Form No. 632
Revised 01/99

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 106050

Annual Report for the year 2000

1. The name of the limited liability company is:

1025 Realty II, LLC

2. The address of the principal office of the limited liability company is:

1025 PLAINFIELD ST. JOHNSTON, R.I. 02919

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: JOSEPH A. MONTALBANO, ESQ

MONTALBANO & MONTALBANO, LTD. 959 MINERAL SPRING AVENUE NORTH PROVIDENCE RI 02904

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: 1025 PLAINFIELD ST. JOHNSTON, R.I. 02919

STEVEN R. LOMBARDI

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

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

Name

Address

N/A

Dated September 5, 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.

1025 Realty II, LLC

Exact Name of Limited Liability Company

By

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/18

Check No.: 1108

By: