

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 TYPE	ED OR PR	INTED IN BLACK)					
1. ID No.		name of the limited liai	bilty company				
106451	John F	Paul Realty, LLC				_	
3. State of Formation	3. State of Formation 4. Brief description of the character of the business				hode Island		
RHODE ISLAND A REAL ESTATE INVESTMENT FIRM							
5. Principal office addre	::::::::::::::::::::::::::::::::::::::		•	City	State	Zip	
1334 MENDON ROAD				CUMBERLAND	RI	02864	ŀ
6. MAILING ADDI	RESS O	F LIMITED LIABI	LITY COMPANY A	ND NAME OR TITLE OF	CONTACT	ERSON:	
Contact Name				Contact Title			
JOHN T WALSH,	JR.			•			
Street Address			-	City	State	Zip	
1334 MENDON RO	DAD			. CUMBERLAND	RI	02864	· -
7. NAME AND ADI	DRESS	OF EACH MANA	ER OF THE LIMI	TED LIABILITY COMPAN ACHMENTS: *CXTEOX FÖR	Y, IF APPL	ICABLE	
	ANY MO			FILING OF AMENDMENT. R.L.G			· ·
Manager Name				Manager Name			
John T. Wa	lsh, .	Jr.		Paul A.	Brule		
Street Address 1334 Mendo	n Road	d		• Street Address 1334 Mendon F	Road	- 	
Cumberland		State RI	^{Zip} 02864	Ciny Cumberland	State RI	Zip 028	364
Manager Name		 .		Manager Name			• • • • •
				•			
Street Address				Street Address			
City		State -	Zip	City	State	Zip	
8. RESIDENT AGEN	T IN RE	ODE ISLAND -DO	NOT ALTER- Chang	es require filing of Forn	n 642 - R.I.G.I	L. 7-16-11	
Agent Name				Address			
JOHN T. WALSH, JR.			1334 MENDON ROAD				
Address		-		City		Zip	
				CUMBERLAND 0		02864	
			<u> </u>			•	

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

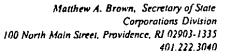


106451 DLLC 09/13/05 09:41:53 AM
File Date
Check No. 57
By:
FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedule and that all statements contained herein aft true a	
Variable by	9/13/05
Signature of Authorized Person Date	· /// / /
Print or Type Name of Authorized Person	men be

Under penalty of perjury, I declare and affirm that I have examined

Form 632 Rev. 6/02



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE T	YPED OR PRIN	TED IN BLAC	CK)	<u></u>		
1. ID No. 106451	John Pa	ul Řealty, l				
3. State of Formation	п 4.	Brief descripti	on of the character of the	business which is actually conducted i	n Rhode Island	
RHODE ISLAN	RHODE ISLAND A REAL ESTATE INVESTMENT PI			?IRM		
5. Principal office of	oddress		· · ·	City	State	Zip
-	334 MENDON ROAD			CUMBERLAND	RI	02864
6. MAILING AI Contact Name JOHN T WALS		LIMITEDI	IABILITY COMPA	NY AND NAME OR TITLE (Contact Title	DECONTACT	PERSON:
Street Address	<u></u>			City	State	Zip
1334 MENDON	ROAD			. CUMBERLAND	RI	02864-
Manager Name		FILL IN SP.	ACES BEFORE USING	ATTACHMENTS ("X" BOX FO IRES FILING OF AMENDMENT. R • Manager Name	OR ATTACHMENT	7 🗆
JOHN T WALS	H, JR.			Paul A. Brule		
Street Address				· Street Address	<u>. </u>	
1334 MENDON	ROAD			.1334 MENDON ROA	T.	
City	S	tate	Zip	*City	State	Zip
CUMBERLAND	F	lΙ	02864	CUMBERLAND	RI	02864
Manager Name	· • • • • • • •			Manager Name		
Sireei Address				·Street Address	<u>-</u>	
City	3	tate	Zip	City	State	Zip
Ageni Name	· <u>-</u> -	DE ISLANI)-DO NOT ALTER- Ch	nanges require filing of Fo		L. 7-16-11
I JOHN T. WAL	.5H, JK.			1334 MENDON ROA	<u> </u>	
	Address		City		Zip	
				CUMBERLAND		02864

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



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B _{Y.} :	<i>DA</i>	
FOR SECRETARY OF	STATE L	ISE ONLY

Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedules a	
and that all statements contained herein are true and	
Signalde of Authorized Person Date	
Print or Type Name of Authorized Person	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 2003

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

(FORM MUS <u>T BE T</u>	II LD OK II	(I) 11 - D D II - D D I	icky			
1. ID No.			nited liabilty company			
106451	John	Paul Realty,	LLC			
3. State of Formation					in Rhode Island	
RHODE ISLAN	ID	A REAL ES	TATE INVESTMENT F	IRM		
5. Principal office a	ddress			City	State	Zip
1334 MENDON ROAD			CUMBERLAND	RI	02864	
6. MAILING AL	DRESS C	F LIMITED	LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT F	ERSON:
Contact Name			Contact Title			
JOHN T WALS	H, JR.	•		•		
Street Address				City	State	Zip
1334 MENDON	ROAD			. CUMBERLAND	RI	02864-
7. NAME AND		FILL IN S	PACES BEFORE USING	IMITED LIABILITY COMI ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R	OR ATTACHMENT,	
Manager Name				•Manager Name		
JOHN T WALS	H, JR.			Paul A. Brule		
Street Address				· Street Address		· · · · · · · · · · · · · · · · · · ·
1334 MENDON	ROAD			.1334 Mendon Roa	ad	
		State	Zip	*City	State	Zip
City		1	02864-	Cumberland	RI	102864
City CUMBERLAND		RI	l l			
•	• • • • •	JRI		*Manager Name	!	
CUMBERLAND		J		*Manager Name *Street Address		
CUMBERLAND Manager Name		Siate	Zip	<u> </u>	State	Ζρ
CUMBERLAND Manager Name Street Address City		State		Street Address City		
CUMBERLAND Manager Name Street Address City 8. RESIDENT AC	GENT IN R	State		Street Address City		
CUMBERLAND Manager Name Street Address City 8. RESIDENT ACAgent Name		State		Street Address City anges require filing of Foundations	orm 642 - R.I.C.I	
CUMBERLAND Manager Name Street Address City 8. RESIDENT AC		State		Street Address City	orm 642 - R.I.C.I	
CUMBERLAND Manager Name Street Address City 8. RESIDENT ACAgent Name		State		Street Address City anges require filing of Foundations	orm 642 - R.I.C.I	

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



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File Date	10-10-03
Check No.	3853_
Ву:	<u>a</u>
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I hav this report, including any accompanying schedules and and that all statements contained herein are true and of	statements	
Signature of Authorized Person Date	/ (/	
Print or Type Name of Authorized Person	Form 632	Rev. 6/02

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

I ID No	I 2 Casas name of the	limited liabiles company		· ·-	<u> </u>	
1. ID No. *106451*	John Paul Realt	2. Exact name of the limited liabilty company John Paul Realty, LLC				
3. State of Formation			usiness which is actually conducted	in Rhode Island		
RHODE ISLAND	A REAL	ESTATE INVESTMENT F	IKM	_		
5. Principal office addi	rss .	<u> </u>	City	State	Zip	
1334 MENDON F	ROAD		CUMBERLAND	RI	02864	
6. MAILING ADD	RESS OF LIMITE	D LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT I	ERSON:	
Contact Name			Contact Tile			
JOHN T WALSH,	JR.		•			
Street Address	-		City	State	Zip	
1334 MENDON R	OAD		CUMBERLAND	RI	02864 -	
Annager Name			ATTAGHNENTS - ADN BOX FOR RES FILING OF AMENDMENT. R *Manager Name			
Aanager Name						
n 1 1 n1.			Taba m Malah	7	•	
	·		John T. Walsh,	Jr.	·	
Street Address			*Street Address	· · -	·	
Paul A. Brule Sireei Address 1334 Mendon R	oad		• Street Address • 1334 Mendon Ros	ad		
Street Address 1334 Mendon F City	oad State	Zip	Street Address . 1334 Mendon Ros *City	ad State	Zip 02864	
Street Address 1334 Mendon R City Cumberland	oad	Zip 02864	• Street Address 1334 Mendon Ros • City Cumberland	ad	Zip 02864	
Sireei Address 1334 Mendon F City	oad State	·	Street Address . 1334 Mendon Ros *City	ad State	l '	
Street Address 1334 Mendon R City Cumberland	oad State	·	• Street Address 1334 Mendon Ros • City Cumberland	ad State	l '	
Street Address 1334 Mendon R City Cumberland Manager Name Street Address	oad State	02864	*Street Address . 1334 Mendon Ros *City . Cumberland *Manager Name	ad State	l '	
Street Address 1334 Mendon R City Cumberland Manager Name Street Address	State RI	·	Street Address . 1334 Mendon Ros City Cumberland Manager Name Street Address	State RI	02864	
Street Address 1334 Mendon R City Cumberland Manager Name Street Address City	State RI State	02864 Zip	Street Address . 1334 Mendon Ros City Cumberland Manager Name Street Address	State RI State	02864 Zip	
Street Address 1334 Mendon R City Cumberland Manager Name Street Address City 8. RESIDENT AGE	State RI State	02864 Zip	*Street Address . 1334 Mendon Ros *City . Cumberland *Manager Name . Street Address . City	State RI State	02864 Zip	
Street Address 1334 Mendon R City Cumberland Manager Name Street Address City 8. RESIDENT AGE Agent Name	State RI State NT IN RHODE ISL	02864 Zip	*Street Address . 1334 Mendon Ros *City . Cumberland *Manager Name . Street Address . City . City . City	State RI State	02864 Zip	
Street Address 1334 Mendon R City Cumberland Manager Name Street Address City	State RI State NT IN RHODE ISL	02864 Zip	Street Address 1334 Mendon Ros City Cumberland Manager Name Street Address City Address	State RI State	02864 Zip	
Street Address 1334 Mendon R City Cumberland Manager Name Street Address City 8. RESIDENT AGE Igent Name JOHN T. WALSH	State RI State NT IN RHODE ISL	02864 Zip	Street Address 1334 Mendon Ros *City Cumberland *Manager Name *Street Address City anges require filing of Fe Address 1334 MENDON ROS	State RI State	Zip	

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



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B <u>y:</u>
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examine
this report, including any accompanying schedules and statements and that all statements contained herein age true and correct.
and that all statements contained herein are true and correct.

Signature of Authorized Person

Paie

John T. Walsh, Jr., Member & Manager

Reinfor Type Name of Authorized Person

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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

n	Number	DΙ	10	10	6451

Annual Report for the year 2001

10	Number DECC 100431	Aimual Report for the year 2001			
1.	The name of the limited liability company is:				
	John Paul Realty, LLC				
2.	The address of the principal office of	the limited liability company is:			
	1334 Mendon Road, Cum	nberland, RI 02864			
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND			
4.	The name and address of its resident	agent is: JOHN T. WALSH, JR.			
	1334 MENDON ROAD CUMBERLAN	ND RI 02864			
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.	state: real estate inve	f the business in which the limited liability company is actually engaged in this estment and management.			
7.	If the limited liability company has ma Name	nagers, the name and address of each manager of the limited liability company Address			
	Paul A. Brule	1334 Mendon Road, Cumberland, RI 02864			
	John T. Walsh, Jr.	1334 Mendon Road, Cumberland, RI 02864			
	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. John Paul Realty, LLC Exact Name of Limited Liability/Company By			
	e Date: 9-10-01 eck No.: 2221	Member and Manager Title			
Ву:	ſ	Form No. 632 Revised 01/99			

DETACH DOTTOM BEFORE RETURNING

Revised 01/99



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

ın	Number	DITC	106451
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Ву:

Annual Report for the year 2000

1.	. The name of the limited liability company is:	·					
	John Paul Realty, LLC						
2.	The address of the principal office of the limited liability company is: 1334 Mendon Road						
3.	. The state or other jurisdiction under the laws o	of which it is formed is RHODE ISLAND					
4.	The name and address of its resident agent is: JOHN T. WALSH, JR.						
	1334 MENDON ROAD CUMBERLAND RI 02	864					
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: John T. Walsh, Jr.						
	1334 Mendon Road, Cumberland, RI 02864						
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: a Real Estate investment firm						
7.	. If the limited liability company has managers, Name	the name and address of each manager of the limited liability company Address					
	Paul A. Brule	1334 Mendon Road, Cumberland, RI 02864					
Da	Ţ.	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.					
	FOR SECRETARY OF STATE DOLY le Date: SEP 1 1 2000 SEC'Y OF STATE	John Paul Realty, LLC. Exact Name of Limited Liability Confeany Mimble Title					