

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401,222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $\frac{\partial \sigma \phi}{\partial t}$ 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 1. ID No. 121556 Expo Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate management RHODE ISLAND 5. Principal office address City State 1135 Charles Street North Providence Rhode Island 02904-3538 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title William R. D'Amico II .Member Street Address City State Zip 1135 Charles Street .North Providence Rhode Island 02904-3538 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS" (EXCEDOX 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 Sireei Address · Street Address City City State Zip State Zip Manager Nome Manager Name Street Address ·Street Address City State Zip 8. RESIDENT AGENT IN RHODE AS 90 NOT ALTER Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address William R. D'Amico II 1135 charles Street Address City

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



File Date	12/7/05
Check No.	0/50
B <u>y:</u>	ETAKY OF STATE USE ONLY

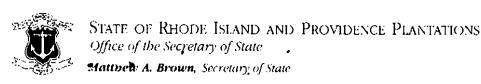
Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, mained herein are true and correct.

02904

Signature of Authorized Person

North Providence

William R. D'Amico II



Corporations Division

100 North Main Street Providence, RI 02903-1335 401 222,3040

## 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 ID No 2 Exact name of the limited liability company 121556 EXPOREALTY, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island. **REAL ESTATE MANAGEMENT RHODE ISLAND** 5. Principal office address 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 $Z_{ip}$ Manager Name Manager Name Street Address Street Address City Zφ State Z p8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address D. JOSEPH D'AMICO, ESO. $Z\psi$ 728 VALLEY STREET PROVIDENCE 02908-

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

* 1 2 1 5 5	6 *	Under penalty of perjury, I declare and affirm that I have examined this reprint including any accompanying schedules and statements, and that all statements
File Date 11 2 10 2	05 HAR 29 AH 11 30	contained herein are totle and confect.
<b>~</b> .	CORPORATIONS DIVING SECRETARY OF STATE	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Ψ-1/(120) <u>2</u> (1	Print or Type Name of Authorized Person



Corporations Du ision 109 North Main Street Providence, RI 02903-1335

401 222 3040

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

2003

(FORM MUST BE TYP	PED OR PRIN	TED IN BLACK)				
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3 State of Formation RHODE ISLANT	 )		on of the character of the h	usiness which is actually conducted in Rhode F	land	
5 Principal office add	diess	<b>.</b>		Cit;	State	Zψ
1135 CHARLES STREET			NO. PROVIDENCE	RI	02904	
6. MAILING ADD	RESS OF L	IMITED LIABI	LITY COMPANY AND	D NAME OR TITLE OF CONTACT PI	ERSON:	'
Contact Name D. JOSEI	PH D'A	MICO, ES	Q.	Contact Tale ATTORNEY		
Street Address			City	State	$Z\phi$	
728 VALLEY STREET			PROVIDENCE	RI	02908	
		FILL IN SP	ACES BEFORE USIN	ED LIABILITY COMPANY, IF APPLIC G ATTACHMENTS ("X" BOX FOR IRES FILING OF AMENDMENT, R.I. Manoger Name	ATTACHMENT)	
Street Address						
2016G Min(1/27				Street Address		
City		State	Zip	City	State	Zip
Manayer Name	******	•	*******************************	Manager Name	••••••	•••••••••••••••••••••••••••••••••••••••
Street Address			~	Street Address		
Crty		State	Zψ	City	State	2 <i>u</i> p
8. RESIDENT AG	ENT IN RH	ODE ISLAND	- DO NOT ALTER - O	hanges require filing of Form 64	2 - R.I.G.L. 7-16	-11
Agent Name				Address		
D. JOSEPH D'AM	IICO, ESQ.					
Address			Cuy	1	Ζψ	
728 VALLEY STREET		PROVIDENCE	PROVIDENCE 02908-			
				• • •	•	

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

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By:	DA
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I h	•
including any accompanying schedules and statement	is, and that all statements.
contained herein are true and correct.	
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	10/2/83
Control of the contro	
Systemic of Authorized Person Date	

WILLIAM R. D'AMICO, II



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) I. ID No. 2. Exact name of the limited liabilty company 121556 EXPOREALTY, 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 MANAGEMENT 5. Principal office address State 1135 CHARLES STREET NO. PROVIDENCE RT 02904 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title D. JOSEPH D'AMICO, ESQ. ATTORNEY Street Address City State Zip 02908 728 VALLEY STREET . PROVIDENCE RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT ("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 NONE Street Address • Street Address City Zıp State City State Zip Manager Name Manager Name Street Address Sireei Address City 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 gent Name Address D. JOSEPH D'AMICO, ESQ. Address City Zip PROVIDENCE **728 VALLEY STREET** 02908-

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



File Date	1/13/03
Check No.	3136
В <u>у:</u>	DA ·
FOR SECRE	FARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	I have examined
his report, including any accompanying schedule	and statements,
and that all statements contained herein are true in	d correct.

Signature of Authorized Person

WILLIAM R. D'AMICO, II