



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. 126856		2. Exact name of the limited liability company FMA, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING CO	
5. Principal office address 249 Woodruff Avenue		City South Kingstown	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Frances M. Alexakos		Contact Title	
Street Address 249 Woodruff Avenue		City South Kingstown	State RI
		Zip 02879	
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	Zip	City	State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 JAMES H. REILLY		Address	
Address 146 WESTMINSTER STREET, SUITE 500		City PROVIDENCE	Zip 02903

05 NOV - 9 PM 1:13
SECRETARY OF STATE
CORPORATIONS DIV

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



File Date 11-9-05 *126856*
Check No. 371
By: AMF

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.

Frances M. Alexakos 10/06/05
Signature of Authorized Person Date

Frances M. Alexakos

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. 126856		2. Exact name of the limited liability company FMA, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Realty holding company			
5. Principal office address 249 WOODRUFF AVENUE		City SOUTH KINGSTOWN	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FRANCES M. ALEXAKOS			Contact Title President		
Street Address 249 WOODRUFF AVENUE		City SOUTH KINGSTOWN	State RI	Zip 02879	
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 JAMES H. REILLY			Address		
Address 146 WESTMINSTER STREET			City PROVIDENCE	Zip 02903-2202	

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



* 1 2 6 8 5 6 *

File Date 6/21/05
Check No. 340
By: DA

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.

Frances M. Alexakos 6/6/05
Signature of Authorized Person Date

FRANCES M. ALEXAKOS
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126856		2. Exact name of the limited liability company FMA, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 249 WOODRUFF AVENUE		City SOUTH KINGSTOWN	State RI Zip 02879-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name FRANCES M. ALEXAKOS Contact Title			
Street Address 249 WOODRUFF AVENUE		City SOUTH KINGSTOWN	State RI Zip 02879
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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES H. REILLY		Address 146 WESTMINSTER STREET	
Address		City PROVIDENCE	Zip 02903-

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



1 2 6 8 5 6

126856 DLLC 09/09/03 09:21:59 AM

File Date _____

Check No. _____

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.

Signature of Authorized Person Date 8/20/04
Frances M. Alexakos
Print or Type Name of Authorized Person