

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

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3. State of Formation	1 FINAL		of the character of the hustnes	ss which is actually conducted in Rhode isle			
RHODE ISLAND		REALTY HOL	•	,			
5. Principal office addr	ינגני			City	State	Zip	
249 Woodruf	f Aveni	ae		South Kingstown	RI	02879	
6. MAILING ADDI	RESS OF L	IMITED LIABIL	ITY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:		
Contact Name				Contact Title			
Frances M.	Alexak	os					
Street Address				City	State	Zip	
249 Woodruf	f Aveni	ne		South Kingstown	, RI	02879	
		FILL IN SPA	CES BEFORE USING AT	IABILITY COMPANY, IF APPLICATE TTACHMENTS ("X" BOX FOR A FILING OF AMENDMENT, R.I.G Alanager Name	NTTACHMENT) [
Sircei Address			Street Address				
City	· ;		Zip F 2 N - 7	City	State	Zip	
Manager Nami ^y			***************************************	Manager Name	•	•••••	
Street Address				Street Address			
City		State	Zip	City	State	7.ψ	
8. RESIDENT AGE Agent Name JAMES H. REILLY	enti'in Rh	TODE ISLAND	DO NOT ALTER TChai	nges require filing of Porin 642 Address	₹R.T.G.L.₹7-16-	11 S0 20 20 S S	
Address				Clly	7	# 8 ::	
146 WESTMINSTER	STREET.	SUITE 500		PROVIDENCE		02903 . CO	
						PH 1: 13	
		This report n	ust be signed in ink by	an authorized person pursuant to	K.I.G.L. 7-16-66		

File Date	11-9-05 126856	
Check No.	371	
Ву:	AMF	
ļ !	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.

Ligrature 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 ____

•	ember 1 - November 1 D OR PRINTED IN BLACK)	• Filing Fee: \$50	9.00		
1. ID No.	2. Exact name of the limit	ed liability company			
126856	FMA, LLC				
3. State of Formation	4. Brief descript	on of the character of the bi	usiness which is actually conducted in Rhode Islan	ıd	
RHODE ISLAND	Pea	etry tolo	ing company		
5. Principal office addr	123		City:	State	Zip
	UFF AVENUE RESS OF LIMITED LIAB	ILITY COMPANY ANI	SOUTH KINGSTOWN D NAME OR TITLE OF CONTACT PER	RI SON:	02879
Contact Name			: Contact Title		
FRANCES M	. ALEXAKOS		Rresident		
Street Address 249 WOODRI	UFF AVENUE		City SOUTH KINGSTOWN	State RI	2ip 02879
			:	1	1
	FILL IN S	PACES BEFORE USIN	ED LIABILITY COMPANY, IF APPLICA G ATTACHMENTS ("X" BOX FOR A	TTACHMENT	
A	NY MODIFICATIONS T	O MANAGERS REQU	IRES FILING OF AMENDMENT, R.I.G.	L. 7-16-12 (:	a) (2) / 7-16-52
Manager Name			Manager Name		
·			•		
Street Address			Street Address	•	
Сиу	State	Zip	Giŋ:	State	Zip
Managa Mana	,ll		Manager Name		
Manager Name			Manager Name		
Street Address			Street Address		. =
City	State	Zip	City	State	Zip
e necessary con	NE OF BUODE ICLAND	 		▕ ▀▆▜▗▛▜▀▀▀	
8. RESIDENT AGE Agent Name	:NI IN KHODE ISLAND	· DO NOT ALIER • (Changes require filing of Form 642	· R.I.G.L. /-	10-11
Agent Name			Amires		
JAMES H. REILLY					
Address			City		Zip
146 WESTMINSTER	R STREET		PROVIDENCE		02903- 2202
			•		

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

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File Date	6/21/05
Check No.	340
Ву:	Da
F	OR 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 (

FRANCES M. ALEXAKOS

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 2003

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 liabilty company 126856 FMA, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND 5. Principal office address State Zip 249 WOODRUFF AVENUE SOUTH KINGSTOWN RI 02879-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title FRANCES M. ALEXAKOS Street Address State Zio 249 WOODRUFF AVENUE .SOUTH KINGSTOWN RI 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) 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 City State Zip Manager Name Manager Name Street Address ·Street Address City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 igent Name JAMES H. REILLY 146 WESTMINSTER STREET Address City Zip PROVIDENCE 02903-

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





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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.

ofure of Authorized Person

Frances M. Alexakos

Print or Type Name of Authorized Person