



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 02903-1333
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. 110358		2. Exact name of the limited liability company Interchange Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 400 LINCOLN AVENUE			City WARWICK	State RI	Zip 02888-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEPHEN A. CARDI			Contact Title MGR		
Street Address 400 LINCOLN AVENUE			City WARWICK	State RI	Zip 02888-
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 Interchange Realty Corporation			• Manager Name .		
Street Address 400 Lincoln Avenue			• Street Address .		
City Warwick	State RI	Zip 02888	• 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 JON A. MILLS, ESQ.			Address 222 JEFFERSON BOULEVARD		
Address			City WARWICK	Zip 02888-	

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



1 1 0 3 5 8

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.

Stephen A. Card
Signature of Authorized Person Date 9/26/05
STEPHEN A. CARDI
Print or Type Name of Authorized Person

110358 DLLC 08/30/05 12:11:17 PM

File Date 9/26/05

Check No. 3446

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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)

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 400 LINCOLN AVENUE			City WARWICK	State RI	Zip 02888-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEPHEN A. CARDI			Contact Title MGR		
Street Address 400 LINCOLN AVENUE			City WARWICK	State RI	Zip 02888-
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 Interchange Realty Corporation			Manager Name		
Street Address 400 Lincoln Avenue			Street Address		
City Warwick	State RI	Zip 02888	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 JON A. MILLS, ESQ.			Address 222 JEFFERSON BOULEVARD		
Address			City WARWICK	Zip 02888-	

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



110358 DLLC 09/14/04 04:58 PM

FILED

File Date **SEP 14 2004**

Check No.

By: *[Signature]* 44473

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.

Interchange Realty Corporation

By: *[Signature]* 9/13/04
Signature of Authorized Person Date

By: *STEPHEN A. CARDI*
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

2003

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *110358*		2. Exact name of the limited liability company Interchange Realty, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE		
5. Principal office address 400 LINCOLN AVENUE		City WARWICK	State RI	Zip 02888-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name STEPHEN CARDI		Contact Title .		
Street Address 400 LINCOLN AVENUE		City WARWICK	State RI	Zip 02888-
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 Interchange Realty Corporation		*Manager Name .		
Street Address c/o Stephen Cardi, 400 Lincoln Avenue		*Street Address .		
City Warwick	State RI	Zip 02888	*City .	*State .
*Manager Name .		*Street Address .		
City .	State .	Zip .	*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 JON A. MILLS		Address 222 JEFFERSON BOULEVARD		
Address .		City WARWICK	Zip 02888-	

RECEIVED
 SECRETARY OF STATE
 JAN 15 8 40 AM '03

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



* 1 1 0 3 5 8 *

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FILED

File Date JAN 15 2003

Check No. _____

By: [Signature]

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] 1/14/03
Signature of Authorized Person Date

STEPHEN A. CARDI
Print or Type Name of Authorized Person

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

LIMITED LIABILITY COMPANY

ID Number DLIC 110358

Annual Report for the year 2001

1. The name of the limited liability company is:

Interchange Realty, LLC

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

c/o Stephen Cardi, 400 Lincoln Avenue, Warwick, RI 02888

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: Jon A. Mills / Campanella & Mills, Ltd.
222 Jefferson Blvd. Warwick, RI 02888

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: c/o Stephen Cardi, 400 Lincoln Avenue,
Warwick, RI 02888

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, list the name and address of each manager:

Name

Address

Interchange Realty Corporation c/o Stephen Cardi
400 Lincoln Avenue, Warwick, RI 02888

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.

Date: 10/26/01

Interchange Realty, LLC

Exact Name of Limited Liability Company

FILED
OCT 30 2001
By Cc413
cc

By [Signature]
Interchange Realty Corporation
Operating Manager
Title