



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. 130958		2. Exact name of the limited liability company Costanza Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENTS IN REAL PROPERTY	
5. Principal office address 667 KINGSTOWN ROAD		City WAKEFIELD	State RI Zip 02879-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JANE E COSTANZA		Contact Title Manager	
Street Address 667 KINGSTOWN RD		City WAKEFIELD	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 Jane E. Costanza		• Manager Name .	
Street Address 667 Kingstown Road		• Street Address .	
City Wakefield	State RI	Zip 02879	• City .
• Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
• Street Address .		• Street Address .	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301	
Address .		City PROVIDENCE	Zip 02903-

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



1 3 0 9 5 8

130958 DLLC 10/08/05 11:49:37 AM

File Date 10/26/05

Check No. 5711

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]
Signature of Authorized Person Date 10/26/05
Jane E. Costanza
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. 130958		2. Exact name of the limited liability company Costanza Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Investments in real property, including, but not limited to, certain improved real property.	
5. Principal office address 667 KINGSTOWN ROAD		City WAKEFIELD	State RI Zip 02879-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jane E. Costanza		Contact Title Manager	
Street Address 667 Kingstown Road		City Wakefield	State Rhode Island 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 Jane E. Costanza		Manager Name	
Street Address 667 Kingstown Road		Street Address	
City Wakefield	State RI	Zip 02879	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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903-

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



1 3 0 9 5 8

130958 DLLG 10/21/04 09:53:01 AM	
File Date	4/21/05
Check No.	15476
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.

Jane E. Costanza 4/15/05
Signature of Authorized Person Date
Jane E. Costanza
Print or Type Name of Authorized Person