



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. 109158		2. Exact name of the limited liability company CARON REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Engage in management and rental of real estate and those activities reasonably related incidental or necessary to the achievement of such purpose.	
5. Principal office address 170 Mann School Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ronald J. Hall		Contact Title	
Street Address 170 Mann School Road		City Smithfield	State RI
		Zip 02917	
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 Lillian M. Jacquard, Esq.		Address	
Address 55 Dorrance Street		City Providence	Zip 02903

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

File Date	12/5/05
Check No.	1367
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] **11-29-05**
Signature of Authorized Person Date

Ronald J. Hall
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109158		2. Exact name of the limited liability company Caron 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 170 MANN SCHOOL RD		City SMITHFIELD	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: RONALD J. HALL Contact Title: PRES			
Street Address 170 MANN SCHOOL RD		City SMITHFIELD	State RI
		Zip 02917	
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 RONALD J HALL		Manager Name CAROLE M. HALL	
Street Address 170 MANN SCHOOL RD		Street Address 170 MANN SCHOOL RD	
City SMITHFIELD	State RI	City SMITHFIELD	State RI
Zip 02917		Zip 02917	
Manager Name ERIC S HALL		Manager Name DENA HALL CASSIDY	
Street Address 16 SMOYER AVE		Street Address 16 SMITH AVE	
City GREENVILLE	State RI	City GREENVILLE	State RI
Zip 02828		Zip 02828	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RONALD J HALL		Address	
Address 170 MANN SCHOOL ROAD		City SMITHFIELD	Zip 02917

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



* 1 0 9 1 5 8 *

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

File Date 10/7/04
Check No. 1309
By: W.
FOR SECRETARY OF STATE USE ONLY

Ronald J. Hall
Signature of Authorized Person Date 9/13/04
Ronald J. Hall Pres
Print or Type Name of Authorized Person



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. In No. 109158		2. Exact name of the limited liability company CARON REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Management and rental of real estate	
5. Principal office address 170 Mann School Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ronald J. Hall		Contact Title Managing Member	
Street Address 170 Mann School Road		City Smithfield	State RI
		Zip 02917	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS (SEE 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 Ronald J. Hall		Manager Name	
Street Address 170 Mann School Road		Street Address	
City Smithfield	State RI	City	State
	Zip 02917		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 Ronald J. Hall		Address 170 Mann School Road	
Address Eg		City Smithfield, RI	Zip 02917

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

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.

By: Anthony J. Jurek 2/4/03
Signature of Authorized Person Date

By: Anthony J. Jurek
Print or Type Name of Authorized Person

FILED	
File Date	FEB 06 2003
Check No.	
By:	By: <u>Anthony J. Jurek</u>
FOR SECRETARY OF STATE USE ONLY	



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)

1. Exact name of the limited liability company 109158 CARON REALTY, LLC			
3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island Management and rental of real estate		
5. Principal office address 170 Mann School Road	City Smithfield	State RI	Zip 02917
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ronald J. Hall		Contact Title Managing Member	
Street Address 170 Mann School Road		City Smithfield	Zip 02917
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 Ronald J. Hall		Street Address 170 Mann School Road	
City Smithfield	State RI	Zip 02917	Manager Name
Street Address		City	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Ronald J. Hall		Address 170 Mann School Road	
Address eg		City Smithfield, RI	Zip 02917

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

File Date	FILED
Check No.	FEB 06 2003
By	By CAH 3/20/03
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.

atly Arac J. Jurek 2/16/03
Signature of Authorized Person Date

atly Arac J. Jurek Jr
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. TIN No. 109158		2. Exact name of the limited liability company CARON REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Management and rental of real estate	
5. Principal office address 170 Mann School Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ronald J. Hall		Contact Title Managing Member	
Street Address 170 Mann School Road		City Smithfield	State RI
		Zip 02917	
7. NAME AND ADDRESS OF EACH MANAGER OR THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILE IN SPACES BEFORE USING ATTACHMENTS. (ATTACHMENT 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 Ronald J. Hall		Manager Name	
Street Address 170 Mann School Road		Street Address	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Ronald J. Hall		Address 170 Mann School Road	
Address fg		City Smithfield, RI	Zip 02917

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

File Date	FILED
Check No.	FEB 06 2003
By:	By <i>[Signature]</i> 312030
FOR SECRETARY OF STATE USE ONLY	

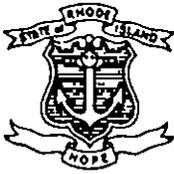
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/14/07
Signature of Authorized Person Date

[Signature] 2/14/07
Print or Type Name of Authorized Person Date

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109158

Annual Report for the year 2000

1. The name of the limited liability company is:

Caron Realty LLC

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

12 Smith Ave, Greenville RI 02828

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: RONALD J. HALL

170 MANN SCHOOL ROAD SMITHFIELD RI 02917

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: Eric J. Hall

12 Smith Ave Greenville RI 02828

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, the name and address of each manager of the limited liability company

Name

Address

Dated _____



1 0 9 1 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.

Caron Realty, LLC

Exact Name of Limited Liability Company

By

R J Hall

Trustee

Title

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.:
By: