STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divisi
100 North Main Str
Providence, RI 02903-13
401.222.30

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	*2. Exact name of the limited liability company*
89159	YARLAS FAMILY LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE.

5. Principal office address	*City*	*State*	*Zip*
27 Dryden Lane	Providence	R.I.	02904

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Sharon L. Yarlas	

Street Address	*City*	*State*	*Zip*
27 Dryden Lane	Providence	R.I.	02904

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*
Stephen B. Yarlas	
Street Address	*Street Address*
27 Dryden Lane	
City / *State* / *Zip*	*City* / *State* / *Zip*
Providence / R.I. / 02904	
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	*Address*	
STEPHEN B. YARLAS		
Address	*City*	*Zip*
27 DRYDEN LANE	PROVIDENCE	02904

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

[redacted]

File Date 9/19/05 *89159*

Check No. 6281

By: AD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

/ Sharon L Yarlas 9/1/05
Signature of Authorized Person *Date*

[redacted]

Sharon L. Yarlas
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Divi
100 North Main St
Providence, RI 02903-1
401.222.3

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.	*2. Exact name of the limited liability company*
89159	YARLAS FAMILY LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE.

5 Principal office address	*City*	*State*	*Zip*
27 Dryden Lane	Providence	R.I.	02904

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Sharon L. Yarlas	

Street Address	*City*	*State*	*Zip*
27 Dryden Lane	Providence	R.I.	02904

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	*Street Address*	*City*	*State*	*Zip*
Stephen B. Yarlas	27 Dryden Lane	Providence	R.I.	02904

Manager Name	*Street Address*	*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	*Address*		
STEPHEN B. YARLAS			
Address	*City*	*Zip*	
27 DRYDEN LANE	PROVIDENCE	02904-	

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

[redacted]

* 8 9 1 5 9 *

[redacted]

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

Sharon L Yarlas 10/1/04
Signature of Authorized Person *Date*

[redacted]

Sharon L. Yarlas
Print or Type Name of Authorized Person

File Date 10/22/04
Check No. 5265
By: W.
FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divisi
100 North Main Str
Providence, RI 02903-13
401.222.30

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 liability company
89159	YARLAS FAMILY LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE.

5. Principal office address	City	State	Zip
27 Dryden Lane	Providence	R.I.	02904

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Sharon L. Yarlas	

Street Address	City	State	Zip
27 Dryden Lane	Providence	R.I.	02904

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	Street Address	City	State	Zip
Stephen B. Yarlas	27 Dryden Lane	Providence	R.I.	02904

Manager Name	Street Address	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	Address	City	Zip
STEPHEN B. YARLAS	27 DRYDEN LANE	PROVIDENCE	02904-

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

[redacted] *89159*

[redacted]

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

Sharon L Yarlas 10/27/03
Signature of Authorized Person *Date*

[redacted] Sharon L. Yarlas
Print or Type Name of Authorized Person

File Date 10/30/03
Check No. 4231
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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. ID No.	2. Exact name of the limited liabilty company
89159	YARLAS FAMILY LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE.

5. Principal office address	City	State	Zip
27 Dryden Lane	Providence	RI	02904

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Stephen B. Yarlas	Manager

Street Address	City	State	Zip
27 Dryden Lane	Providence	RI	02904

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	Street Address	City	State	Zip
Stephen B.Yarlas	27 Dryden Lane	Providence	RI	02904

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address		
STEPHEN B. YARLAS			
Address	**City**		**Zip**
27 DRYDEN LANE	PROVIDENCE		02904-

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

[redacted]

* 8 9 1 5 9 *

[redacted]

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 B Yarlas 10/8/02
Signature of Authorized Person *Date*

Stephen B. Yarlas
Print or Type Name of Authorized Person

File Date	10.11.02
Check No.	2942
By:	[redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 6/0

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 89159 Annual Report for the year 2001

1. The name of the limited liability company is:
YARLAS FAMILY LLC

2. The address of the principal office of the limited liability company is:
27 DRYDEN LANE PROVIDENCE, RI 02904

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: STEPHEN B - YARLAS
27 DRYDEN LANE, PROV. RI 02904

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: SAME

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*
STEPHEN B. YARLAS	136 EAST HILL DRIVE, CRANSTON RI 02920

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: 9/12/01

YARLAS FAMILY LLC
Exact Name of Limited Liability Company

By Stephen B Yarlas
Manager
Title

FILED
SEP 12 2001
By SC86
CF# 6822

Form No. 632
Revised: 01/99

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 89159 Annual Report for the year 2000

1. The name of the limited liability company is:
YARLAS FAMILY, LLC

2. The address of the principal office of the limited liability company is:
27 DRYDEN LANE, PROVIDENCE, RI 02903

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: STEPHEN B. YARLAS
27 DRYDEN LANE, PROV, RI 02904

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: SAME

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
STEPHEN B. YARLAS	136 EAST HILL DRIVE, CRANSTON 02921

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: 9/12/01

YARLAS FAMILY, LLC
Exact Name of Limited Liability Company

By Stephen B Yarlas
Manager
Title

FILED
SEP 12 2001
By SC 86
CK# 6822

Form No. 632
Revised: 01/99

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 89159

Annual Report for the year 1999

1. The name of the limited liability company is:
YARLAS FAMILY, LLC

2. The address of the principal office of the limited liability company is:
67 JEFFERSON BLVD, WARWICK, RI 02888

3. The state or other jurisdiction under the laws of which it is formed is: RI

4. The name and address of its resident agent is: STEPHEN B. YARLAS
67 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: STEPHEN B. YARLAS, MANAGER
67 JEFFERSON BLVD, 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, the name and address of each manager of the limited liability company

Name	Address
STEPHEN B. YARLAS	67 JEFFERSON BLVD, WARWICK RI 02888

Dated 12/10, 1999

PAID LLD 23644
DEC 16 1999
SEC'Y OF STATE

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.

YARLAS FAMILY, LLC
Exact Name of Limited Liability Company

By Stephen B Yarlas
Manager
Title

Form No. LLC-19
Revised 8/97

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 89159

Annual Report for the year 1998

1. The name of the limited liability company is:
YARLAS FAMILY LLC

2. The address of the principal office of the limited liability company is:
67 JEFFERSON BLVD, WARWICK RI 0288

3. The state or other jurisdiction under the laws of which it is formed is: RI

4. The name and address of its resident agent is: STEPHEN B. YARLAS
67 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: STEPHEN B. YARLAS, MANAGER
67 JEFFERSON BLVD, 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, the name and address of each manager of the limited liability company

Name	*Address*
STEPHEN B. YARLAS	67 JEFFERSON BLVD, WARWICK RI 02888

Dated 12/10, 1999

PAID
DEC 16 1999
SECY OF STATE
2346474

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.

YARLAS FAMILY LLC
Exact Name of Limited Liability Company

By Stephen B Yarlas
Manager
Title

Form No. LLC-19
Revised 8/97

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 0069159

Annual Report for the year 1997

1. The name of the limited liability company is:

   YARLAS FAMILY LLC

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

   67 JEFFERSON BOULEVARD, 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: DAVID T. RIEDEL, TILLINGHAST, LICHT & SEMONOFF, 10 WEYBOSSET STREET, PROVIDENCE, RI 02903

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: 67 JEFFERSON BOULEVARD, WARWICK, RI 02888

   STEPHEN B. YARLAS

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	*Address*
N/A	

Dated SEPTEMBER 30, 1997

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.

YARLAS FAMILY, LLC
Exact Name of Limited Liability Company

By _____

_____
Title

4504
COM

PAID
OCT 2 1997
SECRETARY OF STATE

Form No LLC-19
Revised 8/97