

# 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: Septen			Filing Fee: \$50.00				
(FORM MUST RE TYPED		<del></del>					
1. ID No	I	name of the limited liabilit	ty company				
89159	YAKLA	S FAMILY LLC					<del> </del>
3. State of Formation			•	ch is actually conducted in Rhoc	de Island		
RHODE ISLAND		TO HOLD, MANAGE	E, TRANSFER AND ACQ	UIRE REAL ESTATE.			
5. Principal office address				City	State		Zip
27 Dryden				Providence	R.I.	<u>.                                  </u>	_02904
	55 OF L	IMITED LIABILITY (	UMPANY AND NAME	OR TITLE OF CONTACT	PERSON:		
Contact Name				Contact Title			
Sharon L.	Yarı	18	. <u>–</u>		<del></del>	.,	
Street Address				City.	State		Zip
27 Dryden	Lane			Providence	R.I.		02904
7. NAME AND ADDI	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APP	LICABLE		·
				CHMENTS ("X" BOX FO			
AN	Y MODI	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R	l.I.G.L. 7-16-12 (a	1) (2) / 7-16	·52
Manager Name				Manager Name			
Stephen B	. Yar	las					
Street Address				Street Address			
27 Dryden	Lane						
City		State	Zip	City	State		Zip
Providence	•••••	R.I.	02904	E	<b></b>		• • • • • • • • • • • • • • • • • • • •
Manager Name				Manager Name			
Street Address			=.	: Sireci Address			
Siret Addition							
City		State	Ζip	City	State		Zφ
B DECIDENT ACENT	r in du	ODE ICLAND DO N	OT ALTER Changes	inequire filing of Form	662 PICL 71	 6.11	
Agent Name	ı'ısı'ısı	ODE ISTRAD A DO G	OI ALIER - Changes	Address	042 - K.I.G.L. /-1	0.11 _	•
STEPHEN B. YARLAS							
Address				City		Ζφ	
27 DRYDEN LANE				PROVIDENCE		02904-	
				<del></del>		1	

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

File Date	9/19/05 189159	
Check No	628/	
By:	<i>A</i> )	
FO	OR SECRETARY OF STATE USE ONLY	

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

Main Lyalas 9/1/05
Rignature of Authorized Person Date

Sharon L. Yarlas

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 Divis 100 North Main St Providence, RI 02903-1 401-222.3

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2004

(FORM MUST BE TYPED		••			
1. ID No. 89159	2. Exact name of the li YARLAS FAMILY L	mited liability company LC		<del></del>	
3. State of Formation RHODE ISLAND		iption of the character of the busine, MANAGE, TRANSFER AND	ss which is actually conducted in Rho ACQUIRE REAL ESTATE.	de Island	
5 Principal office address 27 Dryden			City Providence	State R.I.	<i>z</i> <sub>i</sub> μ 02904
6. MAILING ADDRE Contact Name Sharon L.		ABILITY COMPANY AND N	AME OR TITLE OF CONTACT  Contact Title	PERSON:	·
Street Address 27 Dryden	Lane		City Providence	State R.I.	<i>zφ</i> 02904
	FILL IN Y MODIFICATIONS	SPACES BEFORE USING A	IABILITY COMPANY, IF APP TTACHMENTS ("X" BOX FO FILING OF AMENDMENT, F	OR ATTACHMENT	
Street Address 27 Dryden L			Street Address	<del></del>	.,, .,,-,.
City Providence	State R.I.	Zip 02904	Ciny	State	Ζф
Munager Name	••••••		Manager Name		·····
Street Address	<u> </u>	-	Street Address		
City	State	Zıp	City	State	Zip
8. RESIDENT AGENT Agent Name STEPHEN B. YARLAS	T IN RHODE ISLAN	ID - DO NOT ALTER - Char	enges require filing of Form    Address	642 - R.I.G.L. 7-1	6-11
Address 27 DRYDEN LANE			Cuy PROVIDENCE	<del></del>	7.ip 02904-
		·	·	•	

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



File Date 10 22 104
Check No5265
Ву:
FOR SECRETARY OF STATE USE ONLY

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

Signature of Authorized Person! Date

Sharon L. Yarlas

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003	40

1. ID No.	2. Exact name of the limit	ed liability company			
89159	YARLAS FAMIL				
3. State of Formation	4. Brief descripti	on of the character of the busine	ss which is actually conducted in Rhode	: Island	<u> </u>
RHODE ISLAND	TO HOLD, M	IANAGE, TRANSFER AND	ACQUIRE REAL ESTATE.		
5. Principal office address			City	State	Zφ
27 Dryden l 6. mailing addres	.ane s of limited liabi	ILITY COMPANY AND N	Providence AME OR TITLE OF CONTACT I	R.I.	02904
Contact Name			Contact Title		
Sharon L. '	<u> (arlas</u>				
Street Address			City	State	Ζψ
27 Dryden 1	ane		Providence	R.I.	02904
ANY	FILL IN SE MODIFICATIONS TO	ACES BEFORE USING A	IABILITY COMPANY, IF APPL TTACHMENTS ("X" BOX FO S FILING OF AMENDMENT, R.	R ATTACHMENT) 🔲	/ 7-16-52
Manager Nama			Manager Numb		
Stephen B.	Yarlac		•		
<del> '</del>	101 103		<u>:</u>		
<del></del>	<u>-</u>		Street Address		
Street Address 27 Dryden	Lane	<sup>21p</sup> 02904	Street Address City	State	Zip
Street Address 27 Dryden	Lane	<sup>Zip</sup> 02904		State	Zip
Street Address 27 Dryden City Providence Manager Name	Lane	<sup>zip</sup> 02904	City	State	Zip
Street Address 27 Dryden Cuy Providence	Lane	2.ip 02904	City Manager Name	State	Zip Zip
Street Address  27 Dryden  City Providence  Manager Name  Street Address  City	Lane State R.I.	02904 zip	City:  Manager Name  Street Address	State	

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

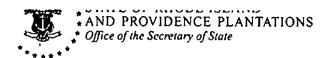
	8	9	<b>5</b>	9	*

File Date	10/30/03
Check No.	4231
Ву:	be
ŀ	OR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Frson		10/27/03
Signature of Authorized Person	Date	

Print or Type Name of Authorized Person



Eawara S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133: 401.222.304t

LIMITED LIABILITY CO	MPANY A	NNUAL REPORT	FOR THE YEAR	_2002
Million Books J. Co. 4 . 4 . 5 . 5 . 4 . 4 .	A C C	C C A A A		

FORM MUST B	E TYPED OK.					
I. ID No.		act name of the limite				_
89159		LAS FAMILY LLC	, <b>,</b> ,			
3. State of Forma	1		n of the character of the bus	iness which is actually conducted in	Rhode Island	
RHODE ISLA				ACQUIRE REAL ESTATE.		
5. Principal offic 27 Dr	ce address Tyden Lan	ie		City Providence	State R I	02904
6. MAILING	ADDRESS	OF LIMITED L	ABILITY COMPANY	AND NAME OR TITLE OF	CONTACT PER	SON:
Ontact Name	nen B. Ya			Contact Title Manager		
Street Address 27 Dr	yden Lan	ie		City Providence	State RI	<sup>Zip</sup> 02904
anager Name	ANY	MODIFICATIONS TO	CES BEFORE USING AT O MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.C	R ATTACHMENT[] G.L 7-16-12 (a) (2) /	7-16-52
lanager Name .	ANYI	MODIFICATIONS TO		S FILING OF AMENDMENT. R.I.C		7-16-52
	nen B.Yar	las		S FILING OF AMENDMENT. R.I.C  *Manager Name  .		7-16-52
Street Addryss Dr	nen B.Yar	MODIFICATIONS TO 1 as	O MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.C  *Manager Name  *Street Address  *	G.L 7-16-12 (a) (2) /	
ireet Addryss Dr	nen B.Yar	las		S FILING OF AMENDMENT. R.I.C  *Manager Name  .		7-16-52 Zip
ireel Addryss Dr City Provi	nen B.Yar ryden Lan	MODIFICATIONS TO	D MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.C  *Manager Name  *Street Address  *	G.L 7-16-12 (a) (2) /	
ireet Address Dr City Provi	nen B.Yar ryden Lan	MODIFICATIONS TO	D MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.C  *Manager Name  *Street Address  *City	G.L 7-16-12 (a) (2) /	
danager Name Steph Street Address Dr City Provi	nen B.Yar ryden Lan	MODIFICATIONS TO	D MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.C  *Manager Name  *Street Address  *City  *Manager Name	G.L 7-16-12 (a) (2) /	
reet Address Dr  in Provi	nen B.Yar ryden Lan idence	MODIFICATIONS TO	Zip 02904	S FILING OF AMENDMENT. R.I.C  *Manager Name  *Street Address  *City  *Manager Name  *Street Address	State   State	Zip
reet Address Dr  in Provi	nen B.Yar ryden Lan idence	MODIFICATIONS TO	Zip 02904	S FILING OF AMENDMENT. R.I.C  Manager Name  Street Address  City  Manager Name  Street Address  City	State   State	Zip
ireet Address Dr ity Provi	ryden Lan	MODIFICATIONS TO	Zip 02904	S FILING OF AMENDMENT. R.I.C  *Manager Name  *Street Address  *City  *Street Address  *City  *City  *Ges require filing of Form	State   State	Zip
City Provi	ryden Lan	MODIFICATIONS TO	Zip 02904	S FILING OF AMENDMENT. R.I.C  *Manager Name  *Street Address  *City  *Street Address  *City  *City  *Ges require filing of Form	State   State	Zip   Zip   6-11

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



File Date	10-11-02
Check No.	2942
Ву:	de
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I decla this report, including any accomp	panying sq	nequies and	stateme	ned gls,	ſ
and that all statements contained	herein ard	trule and cor	Tect.	8	0.
Stephen B. Yar		Date			



#### 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 N	umber <u>89159</u>	Annual Report for the year 2001			
1. T 	he name of the limited liability company				
	he address of the principal office of the li	LANE PROVIDENCE, RI 0290			
3. T	he state or other jurisdiction under the la	ws of which it is formed is: RHODE TULAND			
4. T	the name and address of its resident age	DEN LANE, PROV RELOYSON			
5. T	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:				
	tate:	business in which the limited liability company is actually engaged in this			
7. If	the limited liability company has manage	ers, list the name and address of each manager:			
_	STEPHEN B YARLAS	136 EAST HILL DRIVE CRANSTON			
Date:	9/12/07 FILED SEP 12 2001 By 50 86	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.    AR AS FAM   Company			



### 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 <u>89/59</u>	Annual Report for the year 2000		
1.	The name of the limited liability company is			
2.	The address of the principal office of the line of the	Injted liability company is:  LANE PROVIDENCE RION9  OF SOFT WHICH It IS FORMED IS:  REPORT TILAND		
3. 4.	The state or other jurisdiction under the law.  The name and address of its resident agen.  27 DRYDE	t is: STEPHEN B. YARLAND  LANE PROV RT 02904		
<ol> <li>5.</li> <li>6.</li> </ol>	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:			
		rs, list the name and address of each manager:  136 EAST HILL DRIVE, CRANSTON 029		
	e: 1/1 / 0 )  FILED  SEP 12 2001  By SC 86  CK# 682	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.  Exact Name of Limited Liability Company  By  By		

\* Filing Fee: \$50.00



#### 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:  YARUS FOMILY LLC
2.	The address of the principal office of the limited liability company is:  67 JEFFERSON BLVD, WARWICK, RT 0>888
3.	The state or other jurisdiction under the laws of which it is formed is:
4.	The name and address of its resident agent is: STEPHEN B. YARUS
	67 JEFFERSON BLVD, WARWICK, RET 02888
3.	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: SEPNEN B. YARLAS, MANAGER  67 JEFFERSON BLVD, WARWICK, RT 07888
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  STEPNEN B. YARLAS  67 JEFFERSON BLVD, WARWICK R.  07888
Da	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.    DEC 16 1999

Form No. LLC-19 Revised 8/97 \* Filing Fee: \$50.00



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:  YARUS FAMILY LLC
2.	The address of the principal office of the limited liability company is:  67 JEFFERSON BLVD, WARWICK RT 0288.
3. 4.	The state or other jurisdiction under the laws of which it is formed is: RT  The name and address of its resident agent is: STEPNEN B, YARLAS  1.2. The state or other jurisdiction under the laws of which it is formed is: RT  The name and address of its resident agent is: STEPNEN B, YARLAS  1.2. The state or other jurisdiction under the laws of which it is formed is: RT  The name and address of its resident agent is: STEPNEN B, YARLAS
5.	67 JEFFERSON BLVP, WARWICK RT 07888  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 RT 07888
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  ACLAS  67 JEFFERSON BLVD WARWICK RI  02888
Da	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.  DEC 16 1999  SECTOF STATE  By  Warrange  Warrange  By  Warrange  Warrange  By  By  Warrange  By  By  Warrange  By  By  By  By  By  By  By  By  By  B
_	Tu <b>(B)</b>

Form No. LLC-19 Revised 8/97

Filing Fee: \$50.00



#### 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 year1요요		
1.	The name of the limited liability company is	s:		
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 law	vs of which it is formed is: RHODE ISLAND		
4.	The name and address of its resident agent is: <u>DAVID T. RIEDEL, TILLINGHAST, LICHT</u> & 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 whon 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 thi state:			
7.	If the limited liability company has mana company  Name  N/A	agers, the name and address of each manager of the limited liability  Address		
		···		
\ <del>-</del>	ted <u>SEPTEMBER 30</u> , 19 97	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		
For	PAID  OCT 2 1997  m No LLC-19 SECRETARY OF STATE	By Exact Name of Limited Liability Company  July  July		