



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. 123861		2. Exact name of the limited liability company WATERFRONT REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and develop real estate			
5. Principal office address c/o Smithfield Sportsmans Club, 14 Walter Carey Rd			City Greenville	State RI	Zip 02828-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SMITHFIELD SPORTSMAN'S CLUB			Contact Title Member		
Street Address c/o Smithfield Sportsmans Club, 14 Walter Carey Rd			City Greenville	State RI	Zip 02828-0000
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X th 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 N/A			• 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 Carl B. Lisa, Jr., Esq.			Address 5 Benefit Street		
Address			City Providence	State RI	Zip 02904

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

FILED	
File Date	AUG 30 2005
Check No.	1652
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.

 September 6, 2005
Signature of Authorized Person Date
SMITHFIELD SPORTSMAN'S CLUB
By: **Walter Schmidt, President**
Print or Type Name of Authorized Person
Member



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

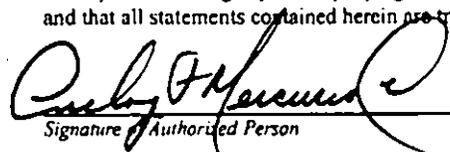
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123861		2. Exact name of the limited liability company WATERFRONT REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and develop real estate			
5. Principal office address c/o Smithfield Sportsmans Club, 14 Walter Carey Rd			City Greenville	State RI	Zip 02828-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SMITHFIELD SPORTSMAN'S CLUB			Contact Title Member		
Street Address c/o Smithfield Sportsmans Club, 14 Walter Carey Rd			City Greenville	State RI	Zip 02828-0000
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 N/A			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 Carl B. Lisa, Jr., Esq.			Address 5 Benefit Street		
Address			City Providence	State RI	Zip 02904

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

File Date	10/1/04
Check No.	1446
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.

 September 7, 2004
Signature of Authorized Person Date

SMITHFIELD SPORTSMAN'S CLUB

Print or Type Name of Authorized Person

By: Anthony F. Mercurio III, President
Member



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. 123861		2. Exact name of the limited liability company WATERFRONT REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and develop real estate	
5. Principal office address 14 Walter Carey Road		City Greenville	State RI
		Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SMITHFIELD SPORTSMAN'S CLUB		Contact Title Member	
Street Address 14 Walter Carey Road		City Greenville	State RI
		Zip 02828	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS FAX BOX FOR ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name N/A		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 Carl B. Lisa, Jr., Esq.		Address 5 Benefit Street	
Address		City Providence, RI	Zip 02904

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 OCT 14 1 53 PM '03

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

FILED	
File Date	OCT 14 2003
Check No.	By M 8732 GMS
By	
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.

9/2/03

Signature of Authorized Person
SMITHFIELD SPORTSMAN'S CLUB
Date
Anthony F. Mercurio III
Print or Type Name of Authorized Person
By: Anthony F. Mercurio III
President
Member