

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divis. 100 North Main Str Providence, RI 02903-15 401-222-30

2005

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: Septem (FORM MUST BE TYPED (					
1. 1D No. 125262	2. Exact name of the limit VILLAR REALTY, LL				· ·
3. State of Formation RHODE ISLAND		ion of the character of the busing	ess which is actually conducted in Rhode NG OF REAL ESTATE	island	
5. Principal office address			City	State	Zíp
8425 105th St	treet		Richmond Hill	<sub>.NY</sub>	11418
6. MAILING ADDRES	S OF LIMITED LIAB	ILITY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:	
Contact Name			Contact Tule		
MARIA VILLAR		·	MEMBER		
Street Address			City:	State	Z.íp
8425 105th St	reet		Richmond Hill		111418
ANY	FILL IN SI	PACES BEFORE USING A	LIABILITY COMPANY, IF APPLI TTACHMENTS ("X" BOX FOR S FILING OF AMENDMENT, R.I	RATTACHMENT) [	
Manager Name MARIA VILLAR			Manager Name NONE		
8425 105th St	reet:		Street Address		
Cin	State.	<sup>Ζφ</sup> 11418	City:	State	7.φ
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"Richmond Hill  Manager Name  NONE	NY	11418	Manager Name NONE		<u>.</u>
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Manager Name NONE	l	Ζφ	NONE	State	Ζφ
Manager Name NONE Street Address City	State  IN RHODE ISLAND	7.40	NONE Street Address		
Manager Name NONE Street Address City  8. RESIDENT AGENT Agent Name	State  IN RHODE ISLAND	7.40	NONE Street Address  Gity  nges require filing of Form 64	\$2 - R.I.G.L., 7,16-	

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

File Date 9(13 05 125262	•
Check No	
Ву:Д	
FOR SECRETARY OF STATE USH ONLY	,

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.

Maria VIII 9/8/2005
Signature of Authorized Person Date

MARIA VILLAR, MEMBER

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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 RIACE)

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5 Principal office addre			City	State	Ζιρ
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MARIA VILLAR			Contact Title  MEMBER		
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8425 105TH STR	REET		RICHMOND HILL	ИÄ	<i>Zip</i> 11418
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MARIA VILLAR	₹		• Маладет Name •		
Street Address			• Street Address		<del></del>
8425 105th S	Street		•		
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SYDNEY I. RESNI	ICK		Address		
Address		<u>-</u> -	Cus		
1005 RESERVOIR	R AVENUE		CRANSTON, RI	<u> </u>	,, )2910
		<del></del>	L. C.GMB TON , ACT		

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

File Date	12/23/04		
Check No.			
H <sub>V</sub> .	Δ.		<del></del>
FOR SECR	ETARY OF STATE LISE O	NLY	

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.

Maria Ullar

13/8/04 Daie

MARIA VILLAR, MEMBER

Print or Type Name of Authorized Person



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 2003

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nis report must be <b>signed in ink</b> by an authorized person pursuant to 7-16-66.		
."		s 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
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