



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

Corporations Div.  
100 North Main St  
Providence, RI 02903-15  
401.222.36

**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. 125262		2. Exact name of the limited liability company VILLAR 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 THE BUYING AND SELLING OF REAL ESTATE	
5. Principal office address 8425 105th Street		City Richmond Hill	State NY
		Zip 11418	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA VILLAR		Contact Title MEMBER	
Street Address 8425 105th Street		City Richmond Hill	State NY
		Zip 11418	
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 MARIA VILLAR		Manager Name NONE	
Street Address 8425 105th Street		Street Address	
City Richmond Hill	State NY	City	State
	Zip 11418		Zip
Manager Name NONE		Manager Name NONE	
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 RESNICK LAW ASSOCIATES		Address	
Address 1005 RESERVOIR AVENUE		City CRANSTON	Zip 02910

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



File Date	9/13/05	*125262*
Check No.	1320	
By:	DA	
FOR SECRETARY OF STATE USE ONLY		

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

Maria Villar 9/8/2005  
Signature of Authorized Person Date  
MARIA VILLAR, MEMBER  
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 Division  
100 North Main Street, Providence, RI 02903-1335  
401 222 3030

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. 125262		2. Exact name of the limited liability company VILLAR 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 THE BUYING AND SELLING OF REAL ESTATE.	
5. Principal office address 8425 105TH STREET		City RICHMOND HILL	State NY
		Zip 11418	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY OR MAILING SITE OF CONTACT PERSON			
Contact Name MARIA VILLAR		Contact Title MEMBER	
Street Address 8425 105TH STREET		City RICHMOND HILL	State NY
		Zip 11418	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE THIS INCLUDES BEFORE USING ATTACHMENT C. FOR EACH ATTACHMENT II ANY ADDITIONAL TO BE ADDED INCLUDES FIRST OF NAME, LAST, FIRST INITIAL, MIDDLE INITIAL			
Manager Name MARIA VILLAR		• Manager Name	
Street Address 8425 105th Street		• Street Address	
City Richmond Hill	State NY	Zip 11418	• City
• Manager Name	• State	• Zip	• Manager Name
Street Address		• Street Address	
City	State	Zip	• City
• State	• Zip	• City	• State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name SYDNEY I. RESNICK		Address	
Address 1005 RESERVOIR AVENUE		City CRANSTON, RI	Zip 02910

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

File Date	12/23/04
Check No.	1267
By:	MA
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.

Maria Villar 12/18/04  
Signature of Authorized Person Date  
MARIA VILLAR, MEMBER  
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 Division  
100 North Main Street, Providence, RI 02903-1335  
401 222 3040

# 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. 125262		2. Exact name of the limited liability company VILLAR 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 THE BUYING AND SELLING OF REAL ESTATE.	
5. Principal office address 8425 105TH STREET		City RICHMOND HILL	State NY
		Zip 11418	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name MARIA VILLAR		Contact Title MEMBER	
Street Address 8425 105TH STREET		City RICHMOND HILL	State NY
		Zip 11418	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ALL IN CL-1 TO BE FILED WITH THIS REPORT. IF NO MANAGERS, CHECK BOX FOR ATTACHMENT 1. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. FILED 7-15-11 (10/11) 1-0042			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND (DO NOT ALTER. Changes require filing of Form 842-R.I. 01-13C-1)			
Agent Name SYDNEY I. RESNICK		Address	
Address 1005 RESERVOIR AVENUE		City CRANSTON, RI	Zip 02910

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

File Date	8/23/04
Check No.	10
By	123
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.

Maria Villar 8/23/04  
Signature of Authorized Person Date

MARIA VILLAR, MEMBER  
Print or Type Name of Authorized Person