

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

Form 632 Rev 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Sept	ember 1	- November 1 🏓		00 00	JK IIIC I CA		
FORM MUST BE TYP	ED OR PI	RINTED IN BLACK)	bilty company				
136663		Exact name of the limited liabilty company DARMAR Realty, LLC					
3 State of Formation					in Rhode Island		
RHODE ISLAND	ı	REAL ESTATE					
5 Principal office address 9 ROSS-SIMONS DRIVE				City CRANSTON	State R1	Zip 02920-	
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Contact Name STEPHEN J CAI				Contact Title			
Street Address				City	State	Zip	
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Ageni Name STEPHEN J. CARLOTTI				Address 1500 FLEET CENTER			
Address				City		Zip	
				PROVIDENCE	<u></u>	02903-	
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	1 3	6 6 6 3		Under nenalty of	perjury. I declare and a	ffirm that I have examined	
			_	this report, includ	ling any accompanying	schedules and statements,	
136663 DLLC	09/16/0	05 04:51:22 PM		and that all stater	nen a contained herein :	are true and correct.	
File Date				1	/	10/3/05	
Check No.				Signature of Autho	rieed Person	Date	
Check No					N J. CARLOT	Τi	
В <u>у:</u>			1		e 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 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 liabilty company 136663 DARMAR Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate **RHODE ISLAND** 5. Principal office address State City Zip 9 ROSS-SIMONS DRIVE CRANSTON RI 02920 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title STEPHEN J. CARLOTTI Street Address State City Zip 1500 FLEET CENTER . PROVIDENCE RI 02903 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 None Street Address · Street Address City State Zip City State Zip Manager Name Monager Name Street Address ·Street Address City State Zip Zip State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Igent Name Address STEPHEN J. CARLOTTI 1500 FLEET CENTER Address City Zıp PROVIDENCE 02903 This 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 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 10/25/04 03:01:25 PM* Date of Authorized Person Stephen J. Carlotti Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY