



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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 136663		2 Exact name of the limited liability company DARMAR Realty, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5 Principal office address 9 ROSS-SIMONS DRIVE		City CRANSTON	State RI
		Zip 02920-	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name STEPHEN J CARLOTTI		Contact Title	
Street Address 1500 FLEET CENTER		City PROVIDENCE	State RI
		Zip 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) 7-16-12			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	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 642, R.I.G.L. 7-16-12			
Agent Name STEPHEN J. CARLOTTI		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903-

FILED

OCT 06 2005

LMC

A79211

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



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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 OCT - 6 PM 4: 08

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.

Signature of Authorized Person
STEPHEN J. CARLOTTI
Date
10/3/05
Print or Type Name of Authorized Person

136663 DLLC 09/16/05 04:51:22 PM

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev 6/02



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. 136663		2. Exact name of the limited liability company DARMAR Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 9 ROSS-SIMONS DRIVE		City CRANSTON	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN J. CARLOTTI		Contact Title	
Street Address 1500 FLEET CENTER		City PROVIDENCE	State RI
		Zip 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) <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 None		* Manager Name	
Street Address		* Street Address	
City	State	Zip	City
State			State
Zip			Zip
Manager Name		* Manager Name	
Street Address		* Street Address	
City	State	Zip	City
State			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 STEPHEN J. CARLOTTI		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



1 3 6 6 6 3

136663 DLLC 10/25/04 03:01:25 PM	
File Date	11/19/04
Check No.	164535
By:	W.
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.

Signature of Authorized Person

Date

Stephen J. Carlotti

Print or Type Name of Authorized Person