

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

Corporations Division 100 North Main Stree Providence, RI 02903-133: 401.222.304(

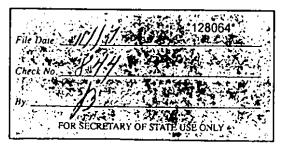
2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

	mber 1 - November 1 OR PRINTED IN BLACK)	• Filing Fce: \$50.00					
1. ID No. 128064		t name of the limited liability company					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business to REAL ESTATE INVESTMENT			which is actually conducted in Rhode Isla	and			
5. Principal office addres	2		City:	State	Zip		
187 WILLETT AVENUE			EAST PROVIDENCE	RI	02915		
	ESS OF LIMITED LIABI	LITY COMPANY AND NAM	ME OR TITLE OF CONTACT PER	SON:	—		
Contact Name			Contact Title				
Street Address	AMBROU BRANDAO		MANAGER				
	IS AVENUE		CEEVONN	State	Zip		
			SEEKONK ABILITY COMPANY, IF APPLICA	I MA .	02771		
AN Manager Name MARIA LA	FILL IN SP	ACES BEFORE USING ATT		TTACHMENT) [7-16-12 (a) (7) 2) / 7·16·52 —		
Street Address 11 HARRIS AVENUE			Street Address 79 GREENLAND ROAD				
SEEKONK	State MA	2 <i>ip</i> 02771	Gity RUMFORD	State RI	02916		
Manager Name NONE Since Address			Manager Name NONE Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT AGENT Name MATTHEW D. SLEPKO		DO NOT ALTER - Change	es require filing of Form 642	 - R.1.G.L. 7.16.1	ر این برای برای برای در این در ای این در این د		
Address 1481 WAMPANOAG TRAIL			City EAST PROVIDENCE	1 1	Ziμ 02915·		
							

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

01 0 1

- 10

Signature of Authorized Pers

10.31.05

MARIA LAMBROU BRANDAO, Manager

Print or Type Name of Authorized Person



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401 222 3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

401.222,3040

(FORM MUST BE TYT	ED OR PRIN	TED IN BLACK)						
I. ID No	2. Exact	exact name of the limited liability company						
128064	EMCD	REALTY, LLC						
3. State of Formation		4. Brief description	of the character of the husine	ss which is actually conducted in Rhode Isl	land			
RHODE ISLAND REAL ESTATE INVESTMENT			INVESTMENT					
5 Principal office address 187 Willett Avenue			Cuy East Providence	State RI	Zip 02915			
6. MAILING ADD	RESS OF L	IMITED LIABILI	TY COMPANY AND NA	AME OR TITLE OF CONTACT PE	RSON:	ı		
Contact Name Maria Lambrou Brandao			Contact Title Manager					
Since Address 11 Harris Avenue			^{City} Seekonk	State MA	7.1p 02771			
		FILL IN SPAC	CES BEFORE USING AT	IABILITY COMPANY, IF APPLIC ITACHMENTS ("X" BOX FOR A FILING OF AMENDMENT, R.1.0	ATTACHMENT) [] (2) / 7·16·52		
				Manager Name	Manager Name			
Maria Lambrou Brandao			Evangelos Lambrou					
Street Address			Street Address	Street Address				
ll Harris Avenue			79 Greenland Road					
<i>City</i> Seekonk		State MA	Zip 02771	Gig Rumford	State RI	2ip 02916		
Manager Name None			Manager Name None					
Street Address				Street Address				
City .		State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change Agent Name MATTHEW D. SLEPKOW, ESO		es require filing of Form 642 - R.I.G.L. 7-16-11 Address						
Address			City					
4404 1844 1944 1946 1946 1946 1946 1946 1946 19			•	"	Zip			
1481 WAMPANOAG TRAIL			EAST PROVIDENCE .	<u> </u>	02915-			

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



File Date 119191
Check No. 488
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.

Signature of Authorized Person Dak Dak 9 19/04

Maria Lambrou Brandao, Manager

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

	mber 1 - November 1	• Filing Fee: \$50.00	0				
1. 1D No. 128064		NTED IN BLACK) It name of the limited liability company EMCD REALTY, LLC					
3. State of Formation	4. Brief description	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	Real e	state investment	:				
5. Principal office address			City	State	-	Zip	
187 Willett Avenue			East Providence		RI	02915	
6. MAILING ADDRI	ESS OF LIMITED LIABI	LITY COMPANY AND N	SAME OR TITLE OF CONTACT P	ERSON:		1 02313	
Contact Name	_		Contact Title	•			
Evangelos Lambrou			Manager	Manager			
Street Address	A		City	State		Z.(p	
187 Willett			East Providen		RI	02915	
AN	FILL IN SP	ACES BEFORE USING A	LIABILITY COMPANY, IF APPLIC ATTACHMENTS ("X" BOX FOR IS FILING OF AMENDMENT, R.I.	ATTACHMEN	7) 🛮 (a) (2) / 7	-16-52	
Manager Name Maria Lambrou Brandao			Manager Name Evangelos Lam	Manager Name Evangelos Lambrou			
Street Address 11 Harris Avenue			Since Address 79 Greenland Road				
Seekonk	State MA	²¹⁰ 02771	CHy Rumford	State	RI	<i>гір</i> 02916	
Manager Name	••••••••••••••••••••••••••	*******************************	Manager Name		••••••	····J······	
None.			None	None_			
Street Address			Street Address				
Gţŗ	State	Zip	City	State		Zφ	
8. RESIDENT AGEN Agent Name MATTHEW D. SLEPK		DO NOT ALTER - Cha	rges require filing of Form 64 Address	1 2 - R.I.G.I 7-	16-11	ı	
1481 WAMPANOAG TRAIL			City: EAST PROVIDENCE		7.1p 02915-		
				<u></u>	<u> </u>		

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

	* 1 2 8 0 6 4 *
File Date	5/12/04
Check No	378
Ву:	(<i>b</i>)
FOI	R 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.

Evangles dante 5/11/0

Evangelos Lambrou, Manager

Print or Type Name of Authorized Person