



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 02903-1331
401.222.3041

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. 128064		2. Exact name of the limited liability company EMCD 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 INVESTMENT	
5. Principal office address 187 WILLETT AVENUE		City EAST PROVIDENCE	State RI
			Zip 02915
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA LAMBROU BRANDAO		Contact Title MANAGER	
Street Address 11 HARRIS AVENUE		City SEEKONK	State MA
			Zip 02771
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 LAMBROU BRANDAO		Manager Name EVANGELOS LAMBROU	
Street Address 11 HARRIS AVENUE		Street Address 79 GREENLAND ROAD	
City SEEKONK	State MA	City RUMFORD	State RI
	Zip 02771		Zip 02916
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 MATTHEW D. SLEPKOW, ESQ.		Address	
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915

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



File Date	10/31/05	128064
Check No.	844	
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: Maria Lambrou Brandao Date: 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

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 128064		2. Exact name of the limited liability company EMCD 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 INVESTMENT			
5. Principal office address 187 Willett Avenue		City East Providence		State RI	Zip 02915
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Maria Lambrou Brandao			Contact Title Manager		
Street Address 11 Harris Avenue		City Seekonk		State MA	Zip 02771
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 Lambrou Brandao			Manager Name Evangelos Lambrou		
Street Address 11 Harris Avenue		Street Address 79 Greenland Road			
City Seekonk	State MA	Zip 02771	City Rumford	State RI	Zip 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 - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MATTHEW D. SLEPKOW, ESQ			Address		
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE		Zip 02915	

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



* 1 2 8 0 6 4 *

File Date	11/9/04
Check No.	488
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
Maria Lambrou Brandao 11/7/04

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128064		2. Exact name of the limited liability company EMCD 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 investment			
5. Principal office address 187 Willett Avenue		City East Providence		State RI	Zip 02915
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Evangelos Lambrou			Contact Title Manager		
Street Address 187 Willett Avenue		City East Providence		State RI	Zip 02915
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 Lambrou Brandao			Manager Name Evangelos Lambrou		
Street Address 11 Harris Avenue		Street Address 79 Greenland Road			
City Seekonk	State MA	Zip 02771	City Rumford	State RI	Zip 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 - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MATTHEW D. SLEPKOW, ESQ.			Address		
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE		Zip 02915	

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



* 1 2 8 0 6 4 *

File Date	5/12/04
Check No	378
By:	100
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.

Evangelos Lambrou
Signature of Authorized Person
Date 5/11/04Evangelos Lambrou, Manager
Print or Type Name of Authorized Person