

Edward S. Inman, III, 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 TYP	ED OR PR	NINTED IN BL	ACKO				
1. ID No. *119064*	2. Exact	s Realty, LLC					
3. State of Formation		4. Brief descrip	otion of the character of t	the business which is actually con-	ducted in Rhode Island		
RHODE ISLAND							
5. Principal office address 3 SHIPPEN AVENUE				City WARWICK	State RI	Zip	
6. MAILING ADD Contact Name MICHAEL REYNO		F LIMITED	LIABILITY COMI	PANY AND NAME OR TI	TLE OF CONTACT	PERSON:	
Street Address				City	State	Zip	<del> </del>
3 SHIPPEN AVE	NUE			. WARWICK	RI	028	88
Manager Name Street Address		<del>.</del>		OUIRES FILING OF AMENDME  • Manager Name  • Street Address			
City		State	Zip	City	State	Zip	<del></del> - ,
Manager Name	• • • •	J		Manager Name			• • • • • • •
Street Address				*Street Address	<u> </u>	<del>-</del>	
City		State	Zip	City	State	Zip	
8. RESIDENT AGE! Agent Name	NT IN RE	IODE ISLAN	D -DO NOT ALTER- C	hanges require filing	of Form 642 - R.I.G.	L. 7-16-11	
DREW P. KAPLA	N			1	W, SUITE 300		
Address			City			Zip	
			PROVIDENCE				
			<del></del>			02903-	

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



\*119064 DLLC9/13/026:11:16 PM\* 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.

Michael Reynolds

Print or Type Name of Authorized Person



4 M's Realty, LLC

2. Exact name of the limited liabilty company

(FORM MUST BE TYPED OR PRINTED IN BLACK)

I. ID No.

\*119064\*

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RHODE ISLAND	REAL ESTAT	3		TO THIO SE TAIL			
5. Principal office address 3 SHIPPEN AVENUE	<u></u>	·	City WARWICK	State   RI	Zip		
6. MAILING ADDRESS	OF LIMITED I.	IABILITY COMPA	NY AND NAME OR TITL		. Trong		
Contact Name	_		Contact Title	E OF CONTACT PE	rkżon:		
MICHAEL REYNOLDS Street Address		<u> </u>	•				
3 SHIPPEN AVENUE			City WARWICK	State RI	Zip 02888		
7. NAME AND ADDRES	S OF EACH MA	NAGER OF THE I	LIMITED LIABILITY CO				
	FILL IN SPA	CES BEFORE USING	ATTACHMENTS ("X" BO)	( FUR ATTACHMENT)	3		
ANY Manager Name	MODIFICATIONS T	O MANAGERS REQU	IRES FILING OF AMENDMENT	. R.I.G.L 7-16-12 (a) (2)	/ 7-16-52		
manager Name			• Manager Name •				
Sircei Address	<del>-</del>	<del></del>	• Street Address		· · · · · · · · · · · · · · · · · · ·		
			•				
City	State	Zip	•City	State	Zip		
Manager Name			• • • • • • • • • • • • •		]		
manager Hame			*Manager Name		•		
Street Address		<del></del>	Sime Address				
City	- IVota						
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN Agent Name DREW P. KAPLAN	RHODE ISLAND	DO NOT ALTER- Ch	anges require filing of  Address  ONE PARK ROW,		7-16-11		
Address		<del>-</del>	City		Žip		
			PROVIDENCE		02903-		
	<del>-</del>			<u></u>	02303-		
This report must be sign	ed in ink by an a	nuthorized person p	oursuant to 7-16-66.				
·			Under penalty of	perjury, I declare and af	firm that I have examined		
*119064 DLLC9/13/02	6·11·16 PM*	$\neg$	this report, includ and that all statem	ing any accompanying : tents contained herein a	schedules and statements,		
File Date 11 3 04		_		11	14 00 611		
Check No. 1068		_	Signature of Author	izitsi Person	10-22-09 Date		
Ву		_	Michael R				
FOR SECRETARY OF STATE	USE ONLY		Print or Type Name	of Authorized Person	From 632 Pay 64		



Edward S. Inman, III, 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

	YED OR PRINTED IN BLACK			<u> </u>	
I. ID No. *119064*	2. Exact name of the limited 4 M's Realty, LLC	act name of the limited liabilty company 's Realty, LLC			
. State of Farmation		4. Brief description of the character of the business which is actually conducted in Rhode Island			
RHODE ISLAND	REAL ESTATE				
5. Principal office address			City	State	Ζiμ
SHIPPEN AVENUE			WARWICK	RI	
6. MAILING ADD	RESS OF LIMITED LI	ABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT P	ERSON:
ICHAEL REYNO	DLDS	a.	Contact Title		
ireet Address		<u> </u>	City	State	Zip
SHIPPEN AVENUE			WARWICK	RI	02888
. NAME AND AD	DRESS OF EACH MAN	AGER OF THE LI	MITED LIABILITY CON TTACHMENTS (X" BOX	PANY, IF APPLI FOR ATTACHMENT)	
	ANY MODIFICATIONS TO	MANAGERS REQUIR	ES FILING OF AMENDMENT,		
anager Name			• Manager Name		
Treet Address	<del> </del>		•		
rere nuuress			•Street Address		
City:	State	Zip	*City	State	Zip
			• *		, Sign
fanager Name	• • • • • • • • • • • • •		Manager Name		
reet Address	·,	<u> </u>	Street Address	<del></del>	· .
îty	State	Zip	•City	State	Zip
			•		
RESIDENTAGE	NT IN RHODE ISLAND -	DO NOT ALTER- Chai	nges require filing of F	orm 642 - R.I.G.L	. 7-16-11
gent Name			Address		
DREW P. KAPLA	AN	<del></del>	ONE PARK ROW,	SUITE 300	
ddress			City		Zip
			PROVIDENCE	PROVIDENCE 0290	
vis report must be	e signed in ink by an a	uthorized person pu	rsuant to 7-16-66.		
119064 D <b>F 19</b> File Date Throck No. OCT 0	1 2003 EU . NO TE ?	] 1 TOU	this report, includi		affirm that I have examined a schedules and statements, are true and correct.  9-X0-05  Date
By C7	599 AND SHULL	7 <b>8</b> (31100	Michael Re		
FOR SECRETARY OF	STATE USE ONT TATE	(14년40일5 <u>연</u> 일사	Fruit or Type Name	of Authorized Person	Form 632 Rev. 6



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

FORM MUST BE T						
<i>I. ID No.</i> *119064*		2. Exact name of the limited liability company 4 M's Realty, LLC				
3 State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAN	D REAL ESTA	TB				
5. Principal office ac 3. SHIPPEN AV		·- ·	Ciny WARWICK	State RI	Zip	
6. MAILING AD	DRESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITL	E OF CONTACT PE	RSON:	
Contact Name MICHAEL REYI		<del></del>	Contact Title			
Street Address			City	State	Zip	
SHIPPEN AV	'ENUE		. WARWICK	RI	02888	
Street Address			Manager Name  Street Address			
J						
			•			
City	State	Zip	*City	State	Zip	
• • • • • • •	State	Zip	• •	State	Zip	
Manager Name	State	Zip	City	State	Zip	
Manager Name	State	Zip	*City *Manager Name	State	Zip	
Manager Name Street Address City  B. RESIDENT AG	State	Zip	*Manager Name *Manager Name *Sirret Address *City *City thanges require filing of	State	Zip	
Manager Name Street Address City:  B. RESIDENT AG	State ENT IN RHODE ISLAN	Zip	*City*  *Manager Name  *Street Address  *City	State	Zip	
Manager Name Street Address City:  B. RESIDENT AG	State ENT IN RHODE ISLAN	Zip	*Manager Name *Manager Name *Sirret Address *City *City thanges require filing of	State Form 642 - R.I.G.L.	Zip	
City Manager Name Street Address City  8. RESIDENT AG Recti Name DREW P. KAP	State ENT IN RHODE ISLAN	Zip	**City **Manager Name **Street Address **City City  Changes require filing of	State Form 642 - R.I.G.L. SUITE 300	Zip	

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

*119064 DLLC9/13/026:11:16 PM*  File Dais CO 11 2003	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.
Check No. [AIG SNOWN	Signature of Authorited Verson Date
FOR SECRETARY OF STATE OF STAT	Michael Reynolds Print or Type Name of Amhorized Person Form 632 Rev. 6/02