

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: Septem (FORM MUST BE TYPED (• Filing Fee: \$50.00				
1. ID No. 89064	2. Exact name of the limited Tower Realty, LLC	act name of the limited liability company wer Realty, LLC				
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business wh			which is actually conducted in R	hode Island		
5. Principal office address 400 RF 6. MAILING ADDRES	ESERVOIR SS OF LIMITED LIABIL	FUE ITY COMPANY AND NA	City ROU. ME OR TITLE OF CONTAG	State . \.	02907	
Contact Name		OMIZE EUM	Contact Title			
		IR AUE	cus FRON	State . \	02907	
	FILL IN SPA	CES BEFORE USING AT	ABILITY COMPANY, IF AI FACHMENTS ("X" BOX FILING OF AMENDMENT,	FOR ATTACHMENT) [
Manager Name Edward Sammartino			Manager Name	Manager Name		
Sireci Address 400 R	SERVOIR	AUE	Street Address			
PROV.	State .	240 02907	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State'	Zip	City	State	Zψ	
Agent Name	IN,RHODE ISLAND	DO NOT ALTER - Chang	es require filing of Fori	n 642 - R.I.G.L. 7-16-1		
	PETER J. ROTELLI					
ONE JAMES STREET			PROVIDENCE	1 '		

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

File Date	1905 *89064*	
Check No.	5343	
Ву:	DA	
FOR S	ECRETARY 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 Authorited Person

Edward SAMMARTING

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 Dicision 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 liability company 89064 Tower 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 City 02907 PROV. **400 RESERVOIR AVENUE** 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title OWNER BRUCE ADLER Street Address ⁷07620 N.J. ALPINE P.O. BOX 458 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 EDWARD SAMMARTINO Street Address Street Address 400 RESERVOIR AVENUE City ⁷⁹02907 State Zip R.I. PROVIDENCE Manager Name Manager Name Street Address Street Address State Zip City State Z.ip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address PETER L ROTELLI Address City 7.ф **ONE JAMES STREET PROVIDENCE** 02903

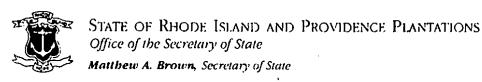
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	21	04	
Check No.	<u>506</u>	<u></u>	
By:OA			
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.

Print or Type Name of Authorized Person



Corporations Division Providence, RI 02903-1335

100 North Main Street 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

Filing Period: Septem	iber 1 - November 1	• Filing Fee: \$50.00)		-		
(FORM MUST BE TYPED	OR PRINTED IN BLACK)						
I ID No.							
89064	7064 Tower Realty, LLC						
3. State of Formation 4. Brief description of the character of the business w			ess which is actually conducted in Rhode	Island	·		
BUODE ICI AND	REAL ESTATI	=					
RHODE ISLAND	NEAL ESTATI			- Ta	1		
5. Principal office address	UATO AUDMID		Clly	State	Zip		
	VOIR AVENUE		PROVIDENCE	R.I.	02907		
	SS OF LIMITED LIABIL	ITY COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON:			
Contact Name			Contact Title				
ED	WARD SAMMARTI	NO	MANAGE	<u>R</u>			
Street Address			City	State	Zip		
40	O RESERVOIR A	VENUB	PROVIDENCE	R.I.	02907		
7. NAME AND ADDE	LESS OF EACH MANAG	ER OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE			
	FILL IN SPA	CES BEFORE USING A	TTACHMENTS ("X" BOX FOI	R ATTACHMENT) 🗌			
AN	MODIFICATIONS TO	MANAGERS REQUIRE	S FILING OF AMENDMENT, R.I	I.G.L. 7-16-12 (a) (2) /	7-16-52		
Manager Name	aras labaness	*: **	Manager Name	Manager Name			
ED	WARD SAMMARTI	NO					
Street Address			Street Address				
400	D RESERVOIR A	VENUE					
City	State	Zφ	City	State	Zip		
PROVIDENC	E R.I.	02907		1			
Manager Name	•••••••••••••••••••••••••••••••••••••••	•••••••	Manager Name		• • • • • • • • • • • • • • • • • • • •		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
		·					
8. RESIDENT AGENT	IN RHODE ISLAND	DO NOT ALTER Cha	nges require filing of Form 6	42 - R.I.G.L. 7-16-11	•		
Agent Name			Address				
PETER J. ROTELLI		•					
Address			City	Zip			
ONE JAMES STREET				PROVIDENCE 02903			

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

	* 8 9 0 6 4 s	 *
File Date	9-22-03	
Check No	4763	
Ву:	<u> </u>	
FO	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.

Print or Type Name of Authorized Person

89064	2 Exact name of the limited liability company Tower Realty, LLC				
RHODE ISLANI	554.50		usiness which is actually conducted	in Rhode Island	
. Principal office a	ddress LESERYOI	2 005	City P R ou	State	Zip
		<u>, , , , , , , , , , , , , , , , , , , </u>	Y AND NAME OR TITLE	F-1	02901
Edw Edw	ARD SA		Contact Title		<u></u>
400	RESERVO	IT AUE	PROJ	State Z.	7ip 029 07
NAME AND A	FILL IN S	PACES BEFORE USING .		FOR ATTACHMENT	,
anager Name	•	MAKTIN U	*Manager Name	LI.G.L 7-16-12 (a) (2) / 7-1	<u>6-52</u>
treet Address	RESERVOI		Street Address		
P 200	State	Zip 2.907	City Manager Name	State	Zıp
treet Address			*Street Address		
ìiţ	State	Zip	City	State	Zip
RESIDENT AG	ENT IN RHODE ISLA!	ND-DO NOT ALTER- Cha	nges require filing of Fo	rm 642 - R.E.G.L. 7-16-1	
gent Name PETER J. ROTELI			Address		· · · · · · · · · · · · · · · · · · ·
ddress ONE JAMES STRE	ET		City PROVIDENCE	Z ₁ p	903
				· · · · · · · · · · · · · · · · · · ·	



File Date	9-16-02	
rue Date	1 1 9	
Check No.	04474	
Ву:	Kni	
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.

By:

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number DLLC 89064	Annual Report for the year 2001
1.	The name of the limited liability comp	any is:
	Tower Realty, LLC	
2.	The address of the principal office of	the limited liability company is:
	400 RESERVOIR AVE	NUE LL-C PROVIDENCE, R. I. 02907
3.	The state or other jurisdiction under t	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	t agent is: PETER J. ROTELLI
	ONE JAMES STREET PROVIDENCE	CE RI 02903
5 .	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications
	may be directed are:EDWARD_S	AMMARTINO PARTNER
6.	A brief statement of the character of th	of the business in which the limited liability company is actually engaged in this
7.		anagers, the name and address of each manager of the limited liability company Address
	EDWARD SAMMARTINO	
		· · · · · · · · · · · · · · · · · · ·
Da	ated aug 31,200	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.
		TOWER REALTY LLC
	8 9 0 6 4	Exact Name of Limited Liability Company
-	FOR SECRETARY OF STATE USE ONLY	By feval anutro
	- L6285	Partner
Ch	eck No	Title Form No. 632 Revised 01/99

By:

To be filed annually between September 1 and November 1

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

D Number DLLC 8906	<u>4</u>	Annual Report for the year 2000
1. The name of the limite	d liability company is	:
Tower Realty, LLC		
2. The address of the prid	ncipal office of the lin	nited liability company is:
400 RESERVOIR	AVENUE PROV	IDENCE, R. I. 02907
3. The state or other juris	diction under the lev	s of which it is formed is RHODE ISLAND
4. The name and address	s of its resident agen	tis: PETER J. ROTELLI
ONE JAMES STREET	T PROVIDENCE RI	02903
		MARTINO 400 RESERVOIR AVENUE PROVIDENCE, R.I.
state: REAL ES	TATE COMPAMN	business in which the limited liability company is actually engaged in this Y Ts, the name and address of each manager of the limited liability company
Name EDWARD SA	MMARTINO	Address 400 RESERVOIR AVENUE PROVIDENCE, R. I. 02907
OCTOBER 31	,2000)	Under penalty of perjury, I declare and affirm that I have examined this
AI 1811E 18111 AR118		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
		TOWER REALTY LLC
8 9 0 6	5 4	Exact Name of Limited Liability Company
FOR SECRETARY OF STAYE	USE ONLY	By Swed out
heck No.: 405	-/	MANAGER
190.; / U)	′	Title Form No. 632

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

ID (Number <u>LL 89064</u>	Annual Banart for the year 1000				
		Annual Report for the year 1999				
1.	The name of the limited liability company i	is:				
	Tower Realty, LLC					
2.	 The address of the principal office of the limited liability company is: SUITE LL-C 400 RESERVOIR AVENUE, PROVIDENCE, R.I. 02907 					
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND					
4. The name and address of its resident agent is: PETER J. ROTELLI						
	ONE JAMES STREET PROVIDENCE, I	RI 02903				
5 .	The current mailing address of the limited	liability company and the name or title of a person to whom communications				
	may be directed are: <u>EDWARD SAMM</u> 02907	ARTINO SUITE LL-C 400 RESERVOIR AVENUE PROV. R.I.				
	A brief statement of the character of the state: CONDO .UNIT USED	business in which the limited liability company is actually engaged in this FOR OFFICE RENTAL				
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company Address				
	EDWARD SAMMARTINO	SUITE LL-C 400 RESERVOIR AVE, PROV.				
Date	SEPT. 8,1999 ed	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. TOWER REALTY LLC				
File I	OR SECRETARY OF STATE USE ONLY Date: Q-A2-904 k No.: 1267 AMF	By Living amount Title Form No. 632				



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	LIMITED LIABILITY COMPANY			
ID	Number LL 89064	Annual Report for the year 1998		
1.	The name of the limited liability compa	iny is:		
2.	2. The address of the principal office of the limited liability company is: 400 Reservoir Ave., Providence, RI 02907			
3. 4.	The state or other jurisdiction under the name and address of its resident ONE JAMES STREET PROVIDENCE.			
5.	communications may be directed are:	400 Reservoir Ave., Providence, RI 02907		
	state: Real Estate	nagers, the name and address of each manager of the limited liability company Address 400 Reservoir Ave., Providence, RI 02907		
Dæ	sted <u>September</u> , 19 98	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. Tower Realty, LLC Exact Name of Limited Liability Company		
	POR SECRETARY OF STATE USE ONLY Date: Q 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	By Edward Sammartino Manager Title Form No. LLC-19 Revised 8/97		

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID	Number 0089064	Annual Report for the year	1997	
1.	The name of the limited liability	pany is:		
	Tower Realty, LLC			
2. The address of the principal office of the limited liability company is: 400 Reservoir Ave., Providence, RI 02907				
_		DI 1 7 1 1		
3.	·	une laws of which it is formed is.		
4. The name and address of its resident agent is: Peter J. Rotelli				
5.	The current mailing address of the limited liability company and the name or title of a person to whom			
	communications may be directed are: Edward Sammartino, 400 Reservoir Ave.,			
	Providence, RI 02907			
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this			
	state: Real Estate	which the minited hability company is actually	engaged in this	
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company			
	Name	Address		
	Edward Sammartino	400 Reservoir Ave., Providence, RI 0290	07	
Da	ted <u>November 12</u> , 19_	Under penalty of perjury, I declare and affirm that I hav	e examined this	
		report, including any accompanying schedules and s that all statements contained herein are true and correct.		
	PA	\		
`	NOV 2			
	NOV 2	STATE By Living amartin		
		Manager Title		