



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. 113065		2. Exact name of the limited liability company S-BNK Greenwich, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Owns Commercial Real Estate	
5. Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida
		Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Seravalli		Contact Title Manager	
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida
		Zip 32118	
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 John Seravalli		Manager Name	
Street Address 3234 Riverview Lane		Street Address	
City Daytona Beach	State Florida	Zip 32118	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City State Zip	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 Suzanne Ducharme		Address	
Address 85 Avenue B		City Woonsocket	Zip 02895

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



1 1 3 0 6 5

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

John Seravalli

Print or Type Name of Authorized Person

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



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. 113065		2. Exact name of the limited liability company S-BNK Greenwich, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS COMMERCIAL REAL ESTATE			
5. Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Seravalli		Contact Title Manager			
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
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 John Seravalli		Manager Name			
Street Address 3234 Riverview Lane		Street Address			
City Daytona Beach	State Florida	Zip 32118	City	State	Zip
Manager Name		Manager Name			
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 SUZANNE DUCHARME			Address		
Address 85 AVENUE B			City WOONSOCKET	Zip 02895-	

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



* 1 1 3 0 6 5 *

File Date 9/23/04
Check No. 2296
By: DA

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.

John Seravalli 9-14-04
Signature of Authorized Person Date

John Seravalli
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 113065		2. Exact name of the limited liability company S-BNK Greenwich, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS COMMERCIAL REAL ESTATE	
5. Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida
		Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Seravalli		Contact Title Manager	
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida
		Zip 32118	
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 John Seravalli		Manager Name	
Street Address 3234 Riverview Lane		Street Address	
City Daytona Beach	State Florida	Zip 32118	
Manager Name		Manager Name	
Street Address		Street Address	
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 SUZANNE DUCHARME		Address	
Address 85 AVENUE B		City WOONSOCKET	Zip 02895-

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



* 1 1 3 0 6 5 *

File Date	9-17-03
Check No	1799
By	JS
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.

John Seravalli **9-12-03**
Signature of Authorized Person Date
John Seravalli
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 113065		2. Exact name of the limited liability company S-BNK Greenwich, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS COMMERCIAL REAL ESTATE			
5. Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Seravalli		Contact Title Manager			
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS ☐ (SEE 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 John Seravalli		Manager Name			
Street Address 3234 Riverview Lane		Street Address			
City Daytona Beach	State Florida	Zip 32118	City	State	Zip
Manager Name		Manager Name			
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 SUZANNE DUCHARME		Address			
Address 85 AVENUE B		City WOONSOCKET	Zip 02895-		

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



* 1 1 3 0 6 5 *

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.

File Date

9-19-02

Check No.

1408

By:

JS

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

9-10-02

John Seravalli

Print or Type Name of Authorized Person

Filing Fee: \$50.00

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 FLLC 113065

Annual Report for the year 2001

1. The name of the limited liability company is:

S-BNK Greenwich, LLC

2. The address of the principal office of the limited liability company is:

3234 Riverview Lane, Daytona Beach, FL 32118

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: SUZANNE DUCHARME

85 AVENUE B WOONSOCKET RI 02895-

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: 3234 Riverview Lane, Daytona Beach, FL 32118

c/o John Seravalli

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owns commercial real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

John Seravalli

c/o The Barchester Corporation

3234 Riverview Lane, Daytona Beach, FL 32118

Dated September 1, 2001



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.

S-BNK Greenwich, LLC

Exact Name of Limited Liability Company

By John Seravalli

John Seravalli

Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9-17-01

Check No.: 152043

By: 22

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be