



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. #136865		2. Exact name of the limited liability company Genex Homes LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquisition, development and management of Real and personal property		
5. Principal office address 263 Shamrock Dr		City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Charles Defreitas		Contact Title Manager		
Street Address 263 Shamrock Dr		City Warwick	State RI	Zip 02886
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> 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 Charles Defreitas		*Manager Name		
Street Address 263 Shamrock Dr		*Street Address		
City Warwick	State RI	Zip 02886	*City	*State
Manager Name		*Manager Name		
Street Address		*Street Address		
City	State	Zip	*City	*State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name Charles Defreitas		Address		
Address eg 263 Shamrock Dr Warwick RI		City 02886	Zip	

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

05 AUG 10 PM 12:42  
CORPORATIONS DIV

FILED	
File Date	AUG 10 2005
Check No.	
By:	<i>[Signature]</i>
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]* 8/10/05  
Signature of Authorized Person Date  
Charles Defreitas  
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. # <u>136865</u>		2. Exact name of the limited liability company <u>Genex Homes LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Acquisition, development and management of real and personal property.</u>	
5. Principal office address <u>263 Shamrock Dr</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02886</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Charles DeFreitas</u>		Contact Title <u>Manager</u>	
Street Address <u>263 Shamrock Dr</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02886</u>	
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 <u>Charles DEFREITAS</u>		Manager Name	
Street Address <u>263 Shamrock Dr</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State
Zip <u>02886</u>		Zip	
Manager Name		Manager Name	
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 <u>Charles DEFREITAS</u>		Address	
Address Eg <u>263 Shamrock Dr RI 02886</u>		City	Zip

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

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SECRETARY OF STATE  
CORPORATIONS DIV

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.

Charles DeFreitas 8/10/05  
Signature of Authorized Person Date

CHARLES DEFREITAS  
Print or Type Name of Authorized Person

FILED	
File Date	<u>AUG 10 2005</u>
Check No.	<u>V</u>
By	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY <u>73980</u>	