



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)

Form with sections: 1. ID No. (136869), 2. Exact name of the limited liability company (SRM Realty, llc), 3. State of Formation (RHODE ISLAND), 4. Brief description of the character of the business (TO OWN, RENT, MAINTAIN, AND MANAGE REAL ESTATE), 5. Principal office address (245 Carolina Avenue, Providence, RI, 02905), 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON (Stephen P. Masso, Member, 245 Carolina Avenue, Providence, RI, 02905), 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE (Stephen P. Masso, Robin K. Masso, 232 William Henry Road, Scituate, RI, 02857), 8. RESIDENT AGENT IN RHODE ISLAND (STEPHEN MASSO, 245 CAROLINA AVENUE, PROVIDENCE, 02905).

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



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: 9/14/05, Check No. 124, By: [Signature], FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature], Date: 9/2/05, Stephen P. Masso, Print or Type Name of Authorized Person



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. 136869		2. Exact name of the limited liability company SRM Realty, llc	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, rent, maintain, and manage real estate	
5. Principal office address 245 Carolina Avenue		City Providence	State RI
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen P. Masso		Contact Title Member	
Street Address 245 Carolina Avenue		City Providence	State RI
		Zip 02905	
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 Stephen P. Masso		Manager Name Robin K. Masso	
Street Address 232 William Henry Road		Street Address 232 William Henry Road	
City Scituate	State RI	City Scituate	State RI
Zip 02857		Zip 02857	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 STEPHEN MASSO		Address	
Address 245 CAROLINA AVENUE		City PROVIDENCE	Zip 02905

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



* 1 3 6 8 6 9 *

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 9/15/2004
Date

Stephen P. Masso

Print or Type Name of Authorized Person

File Date	9/17/04
Check No.	110
By:	DA
FOR SECRETARY OF STATE USE ONLY	