

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

1 ID No 128669			ed liabilty company Holdings, LLC					
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CHRISTINE MA	RCUS			•				
Street Address				City	State	Zip		
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Agent Name		TODENSLAME		Address	the County of the State of the County of the			
KAREN G. DELPONTE, ESQ.					56 EXCHANGE TERRACE			
				City Zip				
Address			'	[]				
		CAMERON & MITTLEMAN LLP			PROVIDENCE 02903			

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



<i>(1)</i>	
File Date	30/05
Check No. 5	669
By: On	
FOR SECRETARY OF S	TATE 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.

9/14/05 Date

CHRISTINE MARCUS Print or Type Name of Authorized Person



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 T			<u> </u>				
1. ID No. 128669			nited liabilty company				
	_	cus Real Estate Holdings, LLC 14. Brief description of the character of the business which is actually conducted in Rhode Island					
3. State of Formation		, ,	•	-		ALING IN REAL ESTATE.	
RHODE ISLAN	D	OWNING, C	PERATING, LEASI	NG, SELLING, BUYING A	ND OLERKAISE DE	ALING IN REAL ESTATE.	
5. Principal office address				City	State	Zip	
100 MIDWAY ROAD, SUITE 19			CRANSTON	RI	02920-		
6. MAILING AL	DRESS C	F LIMITED	LIABILITY COMP	ANY AND NAME OR TIT	LE OF CONTACT	PERSON:	
Contact Name	· / •			Contact Title	= .=	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CHRISTINE	MARCUS			•			
Street Address				City	State	Zip	
100 MIDWAY F	ROAD			. CRANSTON	RI	02920-	
7. NAME AND A	DDRESS	OF EACH N	IANAGER OF THE	LIMITED LIABILITY CO	OMPANY, IF APPL	ICABLE	
			PACES BEFORE USIN		OX FOR ATTACHMENT		
	ANY M	ODIFICATIONS	S TO MANAGERS REC	UIRES FILING OF AMENDMEN	IT. R.I.G.L 7-16-12 (a)	(2) / 7-16-52	
Manager Name			· •	+Manager Name			
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8. RESIDENT AC	ENT IN R	HODE ISLAN	TD -DO NOT ALTER- C	hanges require filing o	f Form 642 - R.I.G	I., 7-16-11	
Agent Name	 .			Address			
KAREN G. DE	PONTE,	ESQ.		56 EXCHANGE	TERRACE		
Address			City		Zip		
CAMERON & MITTLEMAN LLP			PROVIDENCE	02903-			
CAMERON & M	CAMERON & MITTLEMAN LLP				7000		

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



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FOR SECRETARY OF STATE USE ONLY	ľ

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

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

Matthew A. Brown, Secretary of State Carporations Division 100 North Main Street, Providence, Pt 92903-1335 401-222.3049

* STATE OF RHODE ISLAND • AND PROVIDENCE PLANTATIONS * Office of the Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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3 State of Pormation	4. Brief desc ipt	ion of the character of the	he business which is actually conducted	'in Rhode Island	_ 4 1	
RHODE ISLAN	D owning, of	erating, leasi	ng, selling, buying and			
5 Principal Affice ac	dress		Ciny:	State	Zip	
100 Midway	Rd. Suite 19		Cranston	RI	02920	
Contact Name		LIABILITYCOMP	ANY AND NAME OR TITLE Contact little President	OF CONTAGE PERS	ion: Parity in the last	
Christine Ma	arcus			State	Zıp	
Street Address	_		City	l ⁻	02920	
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7. NAME AND A	DURESS OF EACH M	anäger of the	LIMITED LIABILITY CONGRETING OF AMENDMENT	FOR ATTACHMENT)		
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This report must be signed in ink by an authorized person pursuant to 7-10-66.



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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

Christine Marcus
Print or Type Name of Authorized Person