



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. 123870		2. Exact name of the limited liability company Zyx, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, OWN, LEASE AND SELL REAL ESTATE	
5. Principal office address 1600 FLAT RIVER ROAD		City COVENTRY	State RI
		Zip 02816-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LEO H.C. DOIRE, JR.		Contact Title MEMBER	
Street Address 1600 FLAT RIVER ROAD		City COVENTRY	State RI
		Zip 02816-	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
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 STEVEN P. DELUCA, ESQ.		Address 101 DYER STREET, SUITE 400	
Address MACADAMS & WIECK INCORPORATED		City PROVIDENCE	Zip 02903-

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



1 2 3 8 7 0

File Date	<b>FILED</b>
Check No.	APR 06 2006
By	3v ak c9879
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.

06:09:33

Signature of Authorized Person

Date

Leo H.C. Doire, Jr.

Print or Type Name of Authorized Person



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**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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		Zip 02816-	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b>			
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		• Manager Name	
Street Address		• Street Address	
City	State	Zip	City
State	City	State	Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	City
State	City	State	Zip
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Agent Name STEVEN P. DELUCA, ESQ.		Address 101 DYER STREET, SUITE 400	
Address MACADAMS & WIECK INCORPORATED		City PROVIDENCE	Zip 02903-

**FILED**

SEP 30 2004

By LMC M46155

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



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\*123870 DLLC 09/09/04 03:53:59 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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]*  
Signature of Authorized Person

*[Date]*  
Date

Leo H.C. Doire, Jr.

Print or Type Name of Authorized Person



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AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
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100 North Main Street, Providence, RI 02903-1335  
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# 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)

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Address 101 DYER STREET, SUITE 400		City PROVIDENCE	Zip 02903-

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



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*123870 DLLC 09/11/03 08:31:46 AM*	
File Date	9-29-03
Check No.	1031
By:	AMF
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 of Authorized Person  
Date: 9/29/03  
LEO H.C. DOIRE, JR.  
Print or Type Name of Authorized Person