



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 128471		2. Exact name of the limited liability company May Day Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING REAL ESTATE	
5. Principal office address 50 ARMAND WAY		City HOPE	State RI Zip 02831-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James A. DelBonis		Contact Title Manager	
Street Address 50 ARMAND WAY		City HOPE	State RI Zip 02831-
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 James A. DelBonis		Manager Name Marjorie A. DelBonis	
Street Address 50 Armand Way		Street Address 50 Armand Way	
City Hope	State RI	City Hope	State RI
Zip 02831		Zip 02831	
Manager Name NONE		Manager Name NONE	
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 LEONARD ACCARDO, JR. ESQ.		Address 311 ANGELL STREET	
Address		City PROVIDENCE	Zip 02906-

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



1 2 8 4 7 1

\*128471 DLLC 10/22/05 01:34:08 PM\*

File Date 11/2/05

Check No. 598

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.

James A. DelBonis 10/31/05  
Signature of Authorized Person Date

James A. DelBonis, Operating Manager

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  
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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. 128471		2. Exact name of the limited liability company May Day Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING REAL ESTATE	
5. Principal office address 50 ARMAND WAY		City HOPE	State RI
		Zip 02831-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES DELBONIS		Contact Title Manager	
Street Address 50 ARMAND WAY		City HOPE	State RI
		Zip 02831-	
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 James DelBonis		Manager Name NONE	
Street Address 50 Armand Way		Street Address .	
City Hope	State RI	City .	State .
Zip 02813		City .	State .
Manager Name NONE		Manager Name NONE	
Street Address .		Street Address .	
City .	State .	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 LEONARD ACCARDO, JR. ESQ.		Address 311 ANGELL STREET	
Address .		City PROVIDENCE	Zip 02906-

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



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\*128471 DLLC 09/29/04 05:09:35 PM\*

File Date 10/13/04

Check No. 339

By: AMR

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.

James DelBonis 10/5/04  
Signature of Authorized Person Date

James DelBonis, Operating Manager

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 St  
Providence, RI 02903-1336  
401.222.3600

# 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. <b>128471</b>		2. Exact name of the limited liability company: <b>May Day Realty, LLC</b>	
3. State of Formation: <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island: <b>holding Real Estate</b>	
5. Principal office address: <b>50 Armand Way</b>		City: <b>Hope</b>	State: <b>RI</b>
		Zip: <b>02831</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: <b>James DelBonis</b>		Contact Title: <b>Manager</b>	
Street Address: <b>50 Armand Way</b>		City: <b>Hope</b>	State: <b>RI</b>
		Zip: <b>02831</b>	
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: <b>James DelBonis</b>		Manager Name: <b>Marjorie A. DelBonis</b>	
Street Address: <b>50 Armand Way</b>		Street Address: <b>50 Armand Way</b>	
City: <b>Hope</b>	State: <b>RI</b>	City: <b>Hope</b>	State: <b>RI</b>
Zip: <b>02813</b>		Zip: <b>02813</b>	
Manager Name: <b>none</b>		Manager Name: <b>none</b>	
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: <b>LEONARD ACCARDO, JR. ESQ.</b>		Address:	
Address: <b>311 ANGELL STREET</b>		City: <b>PROVIDENCE</b>	Zip: <b>02906</b>

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



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File Date	<b>10.31.03</b>
Check No.	<b>225</b>
By	<b>[Signature]</b>
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]** **10/27/03**  
Signature of Authorized Person Date  
**James DelBonis, Operating Manager**  
Print or Type Name of Authorized Person