

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

FORM MUST BE T						<u> </u>			
128471		t name of the limited liability company Day Realty, LLC							
3. State of Formation	1 ,	4. Brief description of the character of the business which is actually conducted in Rhode Island							
•	·		AL ESTATE	; outliness which is actually condi	uciea in Knoae Isiana				
RHODE ISLAN	יטי ויי		, n						
5. Principal office address				City	State	Zip			
50 ARMAND WAY				HOPE	RI	02831-			
6. MAILING AL	DDRESS OF I	LIMITED 1	JABILITY COMPA	NY AND NAME OR TIT	LE OF CONTACT I	PERSON:			
Contact Name			· · · · · · · · · · · · · · · · · · ·	Contact Title					
James A. De	lBonis			.Manager					
Street Address	·- <u>-</u> -			City	State	Zip			
O ARMAND W	AY			. HOPE	RI	02831-			
•	ANY MODI			Manager Name					
James A. De Greet Address 00 Armand W	ANY MODA 1Bonis ay	FICATIONS	TO MANAGERS REQU	Manager Name Marjorie A. Street Address 50 Armand Wa	DelBonis State	2) / 7-16-52 Zip			
James A. De Street Address 50 Armand W. City Hope	ANY MODA 1Bonis ay	FICATIONS	TO MANAGERS REQU	Manager Name Marjorie A. Street Address 50 Armand Wa City Hope	NT. R.I.G.L 7-16-12 (a) (DelBonis	2) / 7-16-52			
James A. De Street Address 50 Armand W. City Hope Munager Name	ANY MODA 1Bonis ay	FICATIONS	TO MANAGERS REQU	Manager Name Marjorie A. Street Address 50 Armand Wa City Hope Manager Name	DelBonis State	2) / 7-16-52 Zip			
James A. De Street Address 50 Armand W. City Hope Munoger Name NONE	ANY MODA 1Bonis ay	FICATIONS	TO MANAGERS REQU	Manager Name Marjorie A. Street Address 50 Armand Wa City Hope	DelBonis State	2) / 7-16-52 Zip			
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James A. De Street Address 50 Armand W. City Hope Munager Name NONE Street Address	ANY MODA 1Bonis ay Sta	ate I	TO MANAGERS REQU	Manager Name Marjorie A. Street Address 50 Armand Wa City Hope Manager Name NONE	DelBonis State	2) / 7-16-52 Zip			
James A. De Street Address 50 Armand W. City Hope Munager Name NONE Street Address City R. RESIDENT AC	ANY MODA 1Bonis ay Sta	aic I	Zip 02831	Manager Name Marjorie A Street Address 50 Armand Wa City Hope Manager Name NONE Street Address	DelBonis State RI State	Zip 02831 Zip			
James A. De itreet Address 00 Armand W. City Hope Munager Name NONE itreet Address City B. RESIDENT AC gent Name	ANY MODA 1 Bonis ay Sta R Sta	ale I DE ISLAND	Zip 02831	Manager Name Marjorie A. Street Address 50 Armand Wa City Hope Manager Name NONE Street Address	DelBonis State RI State	Zip 02831 Zip			
James A. De Street Address SO Armand W. Sity Hope Munager Name NONE Street Address City B. RESIDENT AC Recott Name LEONARD AC	ANY MODA 1 Bonis ay Sta R Sta	ale I DE ISLAND	Zip 02831	Manager Name Marjorie A. Street Address 50 Armand Wa City Hope Manager Name NONE Street Address City City	DelBonis State RI State RI State	Zip 02831 Zip			
Manager Name James A. De Street Address 50 Armand W. City Hope Manager Name NONE Street Address City B. RESIDENT AC gent Name LEONARD AC	ANY MODA 1 Bonis ay Sta R Sta	ale I DE ISLAND	Zip 02831	Manager Name Marjorie A. Street Address 50 Armand Wa City Hope Manager Name NONE Street Address City Address	DelBonis State RI State RI State	Zip 02831 Zip			

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



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FOR SECRETAR	V ብዙ ፡	TATE	LISE 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, Operating Manager

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

		l • Filing Fee: \$50	0.00					
ID No. 2. Exact name of the limited liability company May Day Realty, LLC								
3. State of Formation RHODE ISLAND		tion of the character of the	business which is actually conc	lucted in Rhode Island	<u>-</u>			
5. Principal office addr 50 ARMAND WAY			City HOPE	State RI	<i>Zip</i> 02831 -			
6. MAILING ADD Contact Name JAMES DELBON		LIABILITY COMPA	NY AND NAME OR TIT Contact Tule . Manager	LE OF CONTACT	PERSON:			
Street Address 50 ARMAND WAY			City HOPE	State RI	Zip 02831-			
7. NAME AND AD	FILL IN S	PACES BEPORE USING	INTERPLIABILITY OF ATTACHMENTS (*X" B RES FILING OF AMENDME	OX FOR ATTACHMENT				
Manager Name		· · · · · · · · · · · · · · · · · · ·	· Manager Name					
James DelBoni	s		NONE					
Street Address		 	*Sireei Address	-				
50 Armand Way			•					
City Hope	State RI	<i>Σiρ</i> 02813	*City	State	Zip			
Manager Name NONE	• • • • • • • • • • • •	• • • •!• • • • • • •	Manager Name NONE	!				
Sircet Address			Sircei Address		· 			
City	State	Zip	City	State	Zip			
8. RESIDENT AGE!	NT IN RHODE ISLAN	D -DO NOT ALTER- Ch	anges require filing o	of Form 642 - R I GI	7-16-11			
Agent Name			Address	1.0.00	2.751021			
LEONARD ACCARDO, JR. ESQ.			311 ANGELL STREET					
Address			City	Zip				
			PROVIDENCE 02906-					

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



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File Date	10/13/04
Check No.	339
B <u>y:</u>	Amr
FOR SECRE	TARY 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

10/5/04

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

Gorporations Diesi 109 North Main Si Proxidence RI 02003-13 461-222-36

AMILIO MADIMI COMIANI ANNUAL REPURI PUR I HE YEAR 200	IMITED LIABILITY	COMPANY ANNUAL REPORT FOR THE YEAR	2003
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	eptember 1 - November 1 YPLD OR PRINTED IN BLACK)	• Filing Fee: \$50.00	9						
1 ID No		2 Exact name of the limited hability company							
128471	May Day Realty,	May Day Realty, LLC							
3 Male of Formatio		4. Brisf description of the character of the business which is actually contain ted in Rhode Island							
RHODE ISLAND		ng Real Estate							
5 Principal office a			Cr:	Male	Zφ				
50 Ar	mand Way		Hope	RI	02831				
6. MAILING AD	DRESS OF LIMITED LIAB	BILITY COMPANY AND N	GAME OR TITLE OF CONTA		02031				
Contact Name			: Centact Lith						
Jam	es DelBonis		Manage	r					
Street Address			<i>Ci</i> gr	State	Zip				
50 Arma	nd Way		Норе	RI	02831				
7. NAME AND	ADDRESS OF EACH MAN	AGER OF THE LIMITED	DIABILITY COMPANY, IF A	APPLICABLE	1 02831				
	FULL IN S	PACES BEFORE USING A	TTACHMENTS ("X" BO)	(FOR ATTACHMENT)					
	ANY MODIFICATIONS T	O MANAGERS REQUIRE	S FILING OF AMENDMEN	T. R.I.G.L. 7-16-12 (a) (2)) / 7-16-52				
Manager Name			Sharager Name						
James De	lBonis		Marjorie A. DelBonis						
Succe Audios 50 Armand Way			Street Address 50 Armand Way						
ca Hop	e RI	Zφ 02813	Gri Hope	Sione RI	02813				
Manager Name		***********************	Manager Name	·····					
	none		none						
Street Address		· ·	Street Address						
Citi	State	Zip	<i>Cit</i> .	State	Zφ				
8. RESIDENT A	 GENT IN PHODE ISLAND	DO NOT ALTER Cha							
Agent Same	MINT IN KHODI, ISLAND	· DO NOT ALTER · Cha	nges require filing of For	rm 642 - R.I.G.L. 7-16-11					
LEONARD ACCAR	DO, JR. ESQ.		, Remex						
Address			ciar	7.0					
311 ANGELL STREET			PROVIDENCE	1 177					
			1	1 421					

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

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File Date	<i>N</i>	<u>3</u> 1				· ·	•
Check No			2 o	25	_		

FOR SECRETARY OF STATE USE ONLY

Under populty of perjury. I declare and affirm that I have examined this repetited any accompanying schedules and statements, and that all statement contained begein are true and correct.

Yandine of Authorized Person Date

James DelBonis, Operating Manager

Print or Type Name of Authorized Person

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