



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. 136173		2. Exact name of the limited liability company Bluebird Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING AND OWNING REAL ESTATE			
5. Principal office address 99 Colorado Avenue		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAMELA VIERLING		Contact Title			
Street Address 99 Colorado Avenue		City Warwick	State RI	Zip 02888	
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 Jamie Manville		Manager Name Andrew Sigal			
Street Address 99 Colorado Avenue		Street Address 99 Colorado Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Manager Name Pamela Vierling		Manager Name Steven Sigal			
Street Address 99 Colorado Avenue		Street Address 99 Colorado Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MICHAEL R. GOLDENBERG		Address 10 WEYBOSSET STREET			
Address GOLDENBERG & MURI LLP		City PROVIDENCE	Zip 02903-		

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



1 3 6 1 7 3

136173 DLLC 09/07/05 11:46:29 AM

File Date 9/19/05

Check No. 9379

By: [Signature]

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

PAMELA VIERLING

Print or Type Name of Authorized Person



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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING AND OWNING REAL ESTATE	
5. Principal office address 43 HASWELL STREET		City PROVIDENCE	State RI
		Zip 02905-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PAMELA VIERLING		Contact Title MANAGER	
Street Address 43 HASWELL STREET		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"/> XXX ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Jamie Manville		Manager Name Andrew Sigal	
Street Address 43 Haswell Street		Street Address 43 Haswell Street	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Manager Name Pamela Vierling		Manager Name Steven Sigal	
Street Address 43 Haswell Street		Street Address 43 Haswell Street	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL R. GOLDBERG		Address 10 WEYBOSSET STREET	
Address GOLDBERG & MURI LLP		City PROVIDENCE	Zip 02903-

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



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136173 DLLC 09/09/04 02:17:22 PM	
File Date	10/12/04
Check No.	4706
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.

Signature of Authorized Person

Date

Pamela Vierling, Manager

Print or Type Name of Authorized Person