

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) I. ID No. 2. Exact name of the limited liabilty company 103974 Gosselin Realty Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address State Cin Zip 648 KILLINGLY STREET JOHNSTON RI 02919 C'MAILING ADDRÉSS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOHN J GOSSELIN .Co-Operating Manager Street Address City State Zip JOHNSTON 648 KILLINGLY STREET RI 02919 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE?
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Gary G. Gosselin John J. Gosselin Street Address · Street Address 648 Killingly Street 648 Killingly Street City City State State Zip Zip Johnston RI Johnston 02919 02919 RI Manager Name Manager Name Street Address ·Street Address State City Ciry State 8. RESIDENT AGENT IN RHODE ISUAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 ARTHUR J. LEONARD, ESQ. 321 SOUTH MAIN STREET, SUITE 301 Address City Zip **PROVIDENCE** 02903

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



*103974	DLLC 10/19/05 04:59:23 PM*
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В <u>у;</u>	199
FOR SECRI	ETARY 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.

John J. Gosselin

Print or Type Name of Authorized Person

Fonn 632 Rev. 6/02



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

### IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TY)	PED OR PRINTED IN BL							
<i>1. ID No.</i> 103974		Exact name of the limited liability company  Disselin Realty Associates, LLC						
3. State of Formation	1		English to the second of the second of the	an ar a tart a	<del></del>			
1		pilon of the character of the	business which is actually conducted	in Knode Island				
RHODE ISLAND	) REALIT.							
5. Principal office add			City	State	Zip	_		
648 KILLINGL	Y STREET		JOHNSTON	RI	02919			
6. MAILING ADI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT P	ERSON:			
Contact Name		· · · · · · · · · · · · · · · · · · ·	Contact Title					
JOHN J GOSSEI	LIN		.Co-Operating M	anager ·				
Street Address			City	State	Zip			
648 KILLINGLY	STREET		. JOHNSTON	RI	02919			
7. NAME AND AD	DRESS OF EACH	ANAGER OF THE L	IMITED LIABILITY COM	PANY, IF APPLI	CABLE			
			ATTACHMENTS ("X" BOX		_	•		
	ANY MODIFICATION	S TO MANAGERS REQUI	RES FILING OF AMENDMENT.	R.J.G.L 7-16-12 (a) (2	) / 7-16-52			
Manager Nume			• Manager Name					
John J. Gosse	elin		Gary G. Gosselin					
Street Address	<u> </u>		*Sireei Address					
648 Killingly	y Street		.648 Killingly Street					
City	State	Zip	*City	State	Zip			
Johnston	RI	02919	Johnston	RI	02919			
Manager Name			Manager Name			• •		
			•					
Street Address			·Street Address	-				
<u> </u>		1=:		<u>,                                     </u>				
City	State	Zip	City	State	Zip			
				<del> </del>				
8. RESIDEN LAGE	N I IN KHODE ISTVI	ND -DO NOT ALTER- Ch	anges require filing of F	orm 642 - R.I.G.L.	7-16-11			
l "			Address					
ARTHUR J. LEC	DNARD, ESQ.		321 SOUTH MAIN	STREET, SUI	TE 301			
Address			City		Zip			
			PROVIDENCE		02903			
·								

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



*103974 DLLC, 10/14/04 10:17:31 AM*	
File Date 11404	
Check No. 1942	
B <sub>11</sub> \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
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.

John J. Gosselin

Print or Type Name of Authorized Person



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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	ED OR PRINTED IN BL	ACK)						
I. ID No.		xact name of the limited liabilty company						
103974	1	lin Realty Associates, LLC						
3. State of Formation	4. Brief descri	ption of the character of the	business which is actually conducted	d in Rhode Island				
RHODE ISLAND	REALTY.							
5. Principal office addr			City	State		Zip		
648 KILLINGLY	STREET		JOHNSTON	RI		02919		
6. MAILING ADDI Contact Name JOHN J GOSSEL		LIABILITY COMPA	NY AND NAME OR TITLE Contact Title CO-Operating M		PERSON:	7		
Street Address	· · · · · · · · · · · · · · · · · · ·	<del> </del>	City	State		Zip		
648 KILLINGLY	STREET		JOHNSTON	RI		02919		
	FILL IN	SPACES BEFORE USING	RES FILING OF AMENDMENT.	FOR ATTACHMEN	ים ת □			
Manager Name			·Manager Name					
John J. Gosse	lin		Gary G. Gosselin					
Street Address		<u> </u>	• Street Address					
648 Killingly	Street		.648 Killingly Street					
City	State	Zip	*City	State		Zip		
Johnston	RI	02919	Johnston	RI		02919		
Manager Name	• • • • • • • • • •		Manager Name					
Street Address			Street Address	_	-			
City	State	Zip	City	State		Zp		
8. RESIDENT AGE!	NT IN RHODE ISLA	ND -DO NOT ALTER- Ch	anges require filing of F	orm 642 - R.L.G	L. 7-16-11	1		
ARTHUR J. LEOI	NARD, ESQ.		321 SOUTH MAIN	N STREET, SU	ITE 301			
Address			City		Zip			
			PROVIDENCE		02903			
					•			

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



*103974 DLLC 10/16/03 11:14:18 AM*
File Date FILED
Check No. NOV 05 2003
By: P. MIII40
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 Athorized Person

Date

Gary G. Gosselin

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

10 No.   Cosselin Realth Sociates, LLC	FORM MUST BE TYP	ED OR PRINTED IN BL	ACK)	•••					
RHODE ISLAND  5. Principal office address 648 KILLINGLY STREET  Contact Name 1. O2919  6. MAILING ADDRESS OF LIMITED ULABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name 1. Con-Operating Manager  City 1. State 1. JOHNSTON 1. RI 1. O2919  7. NAME AND ADDRESS OF EACH MANAGER OR THE LIMITED LIABILITY COMPANY, IF APPLICABLES 1. JOHNSTON 1. RI 1. O2919  7. NAME AND ADDRESS OF EACH MANAGER OR THE LIMITED LIABILITY COMPANY, IF APPLICABLES 1. JOHNSTON 1. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT REG. (7-18-12 (a) (2) / 7-18-52  Manager Name 1. Manager Name 1. Manager Name 2. Street Address 3. Street Address 3. Street Address 4. City 3. State 4. City 4. State 5. Street Address 6. St	*103974*	Gosselin Realty /	osselin Realty Associates, LLC						
RHODE ISLAND  5. Principal office address 648 KILLINGLY STREET  6. MALLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title CO-Operating Manager  Street Address 648 KILLINGLY STREET  7. JOHNSTON 81 02919  7. NAME AND ADDRESS OF EACH MANAGER OR THE LIMITED LIABILITY COMPANY. IF APPLICABLES FILL IN SPACES BEFORE USING ATTACHMENTS  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMEMBMENT, RIG.L 7-18-12 (a) (2) / 7-18-52  Manager Name  John J. Gossolin  Street Address 648 Killingly Street  659  Manager Name  Manager Name  Manager Name  Street Address  Street Address  Street Address  650  Street Address  Street Addr	3 State of Formation	4 Brief descri	ption of the character of the	business which is actually conducte	d in Rhode Island		_		
6.48 KILLINGLY STREET    JOHNSTON   RI	RHODE ISLAND	REALIT.							
Contact Name  Contact Title  Co-Operating Manager  Correct Address  City  Contact Title  Co-Operating Manager  City  Co-Operating Manager  Agent Address  City  Correct Address  City  State  City  City  State  City  City  State  City  City  State  City  Cit			<del></del>	City	State	Zip			
Contact Title  CO-Operating Manager  Street Address  ANY MODIFICATIONS TO MANAGER ORTHELIMITED LIABILITY COMPANY, IF APPLICABLE  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) []  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, RIGIT-16-12 (a) (2) / 7-16-52  Manager Name  John J. Gosselin  Street Address  Street Address  Agent Name  City  State  Zip  Johnston  RI  D2919  Address  Street Address  City  State  Zip  City  State  Zip  Address  Address  Address  Address  Address  ARTHUR J. LEONARD, ESQ.  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	648 KILLINGLY	STREET		JOHNSTON	RI	02919			
Contact Title  CO-Operating Manager  Street Address  ANY MODIFICATIONS TO MANAGER ORTHELIMITED LIABILITY COMPANY, IF APPLICABLE  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) []  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, RIGIT-16-12 (a) (2) / 7-16-52  Manager Name  John J. Gosselin  Street Address  Street Address  Agent Name  City  State  Zip  Johnston  RI  D2919  Address  Street Address  City  State  Zip  City  State  Zip  Address  Address  Address  Address  Address  ARTHUR J. LEONARD, ESQ.  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	6. MAILING ADD	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT	PERSON:	¥.		
Street Address 648 KILLINGLY STREET  City JOHNSTON RI 02919  7. NAME AND ADDRESS OF LACH MANAGER OR THE LIMITED LIABILITY COMPANY: IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, RIGIT-18-12 (a) (2)/ 7-18-52  Manager Name  John J. Gosselin  Street Address  Street Address  Street Address  Street Address  City Johnston RI 02919  Johnston RI 02919  Johnston RI 02919  Johnston RI 02919  Manager Name  Street Address  City State Zip City State Zip City State Zip City State Zip Address  Street Address  City State Zip City State Zip Address  Address  Address  Address  ACHILLINGLY STREET  Address  Address  Address  ACHILLINGLY STREET  ADDRESS STREET  Address  Address  Address  ACHILLINGLY STREET  ALP  Address  Address  Address  ACHILLINGLY STREET  ALP  Address  Address  ACHILLINGLY STREET  ACHILLINGLY STREET  ALP  ADDRESS STREET  ACHILLINGLY STREET  ALP  ADDRESS STREET  ACHILLINGLY STREET  ALP  ADDRESS STREET  ACHILLINGLY STREET  ACHILLINGLY STREET  ALP  ADDRESS STREET  ACHILLINGLY STREET  ACHILLI	Contact Name						****		
ARTHUR J. LEONARD, ESQ.  JOHNSTON RI 02919  JOHNSTON RI 02919  ANY MODIFICATIONS TO MANAGER OR THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (Xr BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. RIGIT-18-12 (a) (2) / 7-18-52  Manager Name  John J. Gosselin Gary G. Gosselin  Street Address  Street Address  648 Killingly Street  City Johnston RI 02919  Johnston RI 02919  Manager Name  Street Address  City Strate  Zip City Street Address  City Street Address  Address  Address  ARTHUR J. LEONARD, ESQ.  JOHNSTON RI 02919  Zip  City Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	JOHN J GOSSE:	TN		.Co-Operating M	lanager				
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Munager Name  John J. Gosselin  Street Address  648 Killingly Street  City  Johnston  RI  02919  Manager Name  Manager Name  Manager Name  Street Address  Address  Street Address  Street Address  Street Address  City  State  Zip  State  State  State  Zip  State  State  State  Zip  State  State  Zip  State  State  State  Zip  State  State  State  Zip  State  State  State  State  Zip  State  State  State  Zip  State			·	City	State	Zip	_		
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-18-12 (a) (2) / 7-18-52  Manager Name  John J. Gosselin  Street Address  648 Killingly Street  City  Johnston  RI  02919  Manager Name  Street Address  **Manager Name  **Manager Name  Street Address  Street Address  **Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Address  **Street Address  **St	648 KILLINGLY	STREET		. JOHNSTON	RI	02919			
John J. Gosselin  Street Address  648 Killingly Street  City Johnston RI  02919  Johnston Manager Name  Street Address  Street Address  City State City State City State City State City State Street Address  Street Address  City State City Sta	7 NAME AND AD	FILL IN	PACES BEFORE USING	ATTACHMENTS & CXCBOX	FOR ATTACHMEN	カロー・ディスの	To the second		
Street Address  648 Killingly Street  City  Johnston  RI  02919  Johnston  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Address  Address  Address  ARTHUR J. LEONARD, ESQ.  Address  City  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Manager Name			• Manager Name					
648 Killingly Street  City Johnston RI  02919 Johnston RI  02919  Manager Name  Street Address  Street Address  City State Zip  City State Zip  City State Zip  Address  Address ACTHUR J. LEONARD, ESQ.  Address  City Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	John J. Gosse	lin		Gary G. Gosselin					
City State RI 02919 City State RI 02919 Johnston RI 02919  Manager Name  Street Address  City State Zip City State Zip  City State Zip  City State Zip  RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER-Changes require filling of Form 642 - RLGL, 7-16-11  Agent Name Address  ARTHUR J. LEONARD, ESQ. 321 SOUTH MAIN STREET, SUITE 301  Address  City Zip	Street Address			*Street Address					
Johnston RI 02919 Johnston RI 02919  Manager Name  Street Address  City State Zip City State Zip  R. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER-Changes require filling of Form 642-RLGL, 7:16-U Address  ARTHUR J. LEONARD, ESQ.  Address  City Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	648 Killingly	Street		.648 Killingly Street					
Manager Name  Street Address  Street Address  Street Address  City State Zip City State Zip  R. RESIDENT AGENT IN RHODE ISL'AND -DO NOT ALTER- Changes require filling of Form 642 - RLGL, 7-16-11 - Address  ARTHUR J. LEONARD, ESQ.  Address  City Zip  Zip  Zip  Zip	City	State	Zip	*City	State	Zip			
Street Address  City State Zip City State Zip  R. RESIDENT AGENT IN RHODE ISL'AND -DO NOT ALTER- Changes require filling of Form 642 - R.L.G.L, 7-16-11 Address  ARTHUR J. LEONARD, ESQ. 321 SOUTH MAIN STREET, SUITE 301  Address Zip	Johnston	RI	02919	Johnston	RI	02919			
8. RESIDENT AGENT IN RHODE ISL'AND -DO NOT ALTER- Changes require filing of Form 642 - RLGL, 7-16-11  Agent Name Address ARTHUR J. LEONARD, ESQ.  Address  City  City  Zip  Zip  Zip  Zip	Manager Name	• • • • • • • • • • •		*Manager Name			• •		
8. RESIDENT AGENT IN RHODE ISL'AND-DO NOT ALTER- Changes require filing of Form 642-RLGL, 7-16-11  Agent Name ARTHUR J. LEONARD, ESQ.  Address  City  Zip	Street Address	<del></del>	· ·	Sircet Address		<del></del>	_		
8. RESIDENT AGENT IN RHODE ISL'AND-DO NOT ALTER- Changes require filing of Form 642-RLGL, 7-16-11  Agent Name ARTHUR J. LEONARD, ESQ.  Address  City  Zip	·-			·					
Agent Name Address ARTHUR J. LEONARD, ESQ. Address City Zip	City	State	Zıp	•City	State	Zip			
Agent Name Address ARTHUR J. LEONARD, ESQ. Address City Zip	& RESIDENT AGE	T IN RHODE ISUAL	D-DO NOT ALTER- Ch	anges require filing of F	orm 642 - RLG	L, 7-16-11	द		
Address City Zip	Agent Name								
	ARTHUR J. LEOI	NARD, ESQ.		321 SOUTH MAIN	STREET, SU	TITE 301			
PROVIDENCE 02903	Address			City		Zıp	_		
				PROVIDENCE		02903			
	<del></del> .			<del></del> -					

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

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File Date	10.25.02	
Check No.	4163	
Ву:	2	
FOR SECRE	ETARY 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.

| 10 - 18 - 02 |
| Signature of Aufforized Person | Date

Gary G. Gosselin
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID Number DLLC 10	39	174
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Annual Report for the year 2001

1.	The name of the limited liability compan	y is:				
	Gosselin Realty Associates, LLC					
2.	The address of the principal office of the	e limited liability company is:				
	648 Killingly Street, Johnston	n, RI 02919				
3.	The state or other jurisdiction under the	laws of which it is formed is RHODE ISLAND				
4.	4. The name and address of its resident agent is: ARTHUR J. LEONARD, ESQ.					
	321 SOUTH MAIN STREET, SUITE 30	11 PROVIDENCE RI 02903				
<b>5</b> .	The current mailing address of the limite	ed liability company and the name or title of a person to wh	nom communications			
		selin, Co-Operating Manager				
	648 Killing Johnston, RI					
6.	A brief statement of the character of t	the business in which the limited liability company is actu	ually engaged in this			
	state: Realty	· · ·				
7.	If the limited liability company has mana Name	agers, the name and address of each manager of the limite  Address	ed liability company			
	John J. Gosselin	648 Killingly Street, Johnston, RI 029	919			
	Gary G. Gosselin	648 Killingly Street, Johnston, RI 029				
	Co-Operating Managers					
Da	ited 10/22/01	Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules a that all statements contained herein are true and corr	and statements, and			
	1 0 3 9 7 4	Gosselin Realty Associates, LLC  Exact Name of Limited Liability Company	С			
File	FOR SECRETARY OF STATE USE ONLY Date: / / _ /	By Nay Souly				
	ck No.: / GYG	Co-Operating Manager				
Ву:	_	Title	Form No. 632 Revised 01/99			

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID Number	DLLC .	103974

By:

ID	Number DLLC 103974	Annual Report for the year 2000					
The name of the limited liability company is:							
	Gosselin Realty Associates, LLC						
2.	The address of the principal office of the lin	rited liability company is:					
	648 Killingly Street, Johnston,						
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND					
4.	The name and address of its resident agen						
	PLOURDE & LEONARD ONE CITIZENS P	LAZA, SUITE 830 PROVIDENCE RI 02903					
5.	The current mailing address of the limited li	iability company and the name or title of a person to whom communications					
	may be directed are: John J. Gosselin, Co-Operating Manager						
	648 Killingly Street, Johns	ton, RI 02919					
6.	A brief statement of the character of the I	business in which the limited liability company is actually engaged in this					
	state: Realty						
7.	If the limited liability company has manager Name	s, the name and address of each manager of the limited liability company  Address					
	John J. Gosselin	648 Killingly Street, Johnston, RI 02919					
	Gary G. Gosselin	648 Killingly Street, Johnston, RI 02919					
	Co-Operating Managers						
Dat	mad 10/5/00 .	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.					
	1 0 3 9 7 4	Gosselin Realty Associates, LLC Exact Name of Limited Liability Company					
	BOD SECRETARY OF STATE USE ON W.						
File	FOR SECRETARY OF STATE USE ONLY Date:	By Very Mickey					
Chec	OCT 1 6 2000 Wazyy	Co-Operating Manager					
Bv:	SEC'Y OF STATE	Title Form No. 632					
- , .	- · · · · · · · · · · · · · · · · · · ·	Revised 01/99					



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID	Number <u>LL 103974</u>	Annual Report for the year 1999
1.	The name of the limited liability compa	any is:
	Gosselin Realty Associates, LLC	
2.	2. The address of the principal office of the limited liability company is:	
	648 Killingly Street, Johns	ton, Rhode Island 02919
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident	agent is: ARTHUR J. LEONARD
	PLOURDE & LEONARD ONE CITIZE	NS PLAZA, SUITE 830 PROVIDENCE, RI 02903
5. The current mailing address of the limited liability company and the name or t		ited liability company and the name or title of a person to whom communications
	may be directed are: Joh	n J. Gosselin, Operating Manager
	648 Killingly Street	, Johnston, Rhode Island 02919
6.		the business in which the limited liability company is actually engaged in this
7.		agers, the name and address of each manager of the limited liability company  Address
	John J. Gosselin	648 Killingly Street, Johnston, RI 02919
	- Operating Manager	
File	FOR SECRETARY OF STAULIONLY Date:  OCT 2 7 1999	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.  Gosselin Realty Associates, LLC  Exact Name of Limited Liability Company  By  Operating Manager  Title
By:	SEC'Y OF STATE	Form No. 632 Revised 01/99