



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. 103974		2. Exact name of the limited liability company Gosselin Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY.	
5. Principal office address 648 KILLINGLY STREET		City JOHNSTON	State RI Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN J GOSSELIN		Contact Title Co-Operating Manager	
Street Address 648 KILLINGLY STREET		City JOHNSTON	State RI Zip 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) <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 John J. Gosselin		Manager Name Gary G. Gosselin	
Street Address 648 Killingly Street		Street Address 648 Killingly Street	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903

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



1 0 3 9 7 4

103974 DLLC 10/19/05 04:59:23 PM

File Date 11-08-05

Check No. 2030

By: 100

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 10/28/05
Signature of Authorized Person Date
John J. Gosselin
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. 103974		2. Exact name of the limited liability company Gosselin Realty Associates, LLC	
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		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN J GOSSELIN		Contact Title Co-Operating Manager	
Street Address 648 KILLINGLY STREET		City JOHNSTON	State RI
		Zip 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) <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 John J. Gosselin		Manager Name Gary G. Gosselin	
Street Address 648 Killingly Street		Street Address 648 Killingly Street	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903

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



1 0 3 9 7 4

103974 DLLC 10/14/04 10:17:31 AM

File Date 11/4/04

Check No. 1942

By: W.

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 10/14/04
Signature of Authorized Person Date
John J. Gosselin
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 Street, Providence, RI 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 TYPED OR PRINTED IN BLACK)

1. ID No. 103974		2. Exact name of the limited liability company Gosselin Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY.	
5. Principal office address 648 KILLINGLY STREET		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN J GOSSELIN		Contact Title Co-Operating Manager	
Street Address 648 KILLINGLY STREET		City JOHNSTON	State RI
		Zip 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) <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 John J. Gosselin		Manager Name Gary G. Gosselin	
Street Address 648 Killingly Street		Street Address 648 Killingly Street	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903

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



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103974 DLLC 10/16/03 11:14:18 AM

File Date **FILED**

Check No. **NOV 05 2003**

By: **By m11140**

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

Gary G. Gosselin

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. *103974*		2 Exact name of the limited liability company Gosselin Realty Associates, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island REALTY.	
5 Principal office address 648 KILLINGLY STREET		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN J GOSSELIN		Contact Title Co-Operating Manager	
Street Address 648 KILLINGLY STREET		City JOHNSTON	State RI
		Zip 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) <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 John J. Gosselin		*Manager Name Gary G. Gosselin	
Street Address 648 Killingly Street		*Street Address 648 Killingly Street	
City Johnston	State RI	Zip 02919	*City Johnston
			*State RI
			*Zip 02919
*Manager Name			
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*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 ARTHUR J. LEONARD, ESQ.		Address 321 SOUTH MAIN STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903

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



* 1 0 3 9 7 4 *

103974 DLLC9/30/0211:40:59 AM

File Date 10-25-02

Check No. 4163

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] 10-18-02
Signature of Authorized Person Date

Gary G. Gosselin

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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 DLIC 103974

Annual Report for the year 2001

1. The name of the limited liability company is:

Gosselin Realty Associates, LLC

2. The address of the principal office of the limited liability company is:

648 Killingly Street, Johnston, RI 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, ESQ.

321 SOUTH MAIN STREET, SUITE 301 PROVIDENCE RI 02903

5. The current mailing address of the limited liability 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
Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Realty

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

John J. Gosselin

648 Killingly Street, Johnston, RI 02919

Gary G. Gosselin

648 Killingly Street, Johnston, RI 02919

Co-Operating Managers

Dated

10/22/01



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

John J. Gosselin
Co-Operating Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-26-01</u>
Check No.:	<u>1646</u>
By:	<u>[Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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

Annual Report for the year 2000

1. The name of the limited liability company is:

Gosselin Realty Associates, LLC

2. The address of the principal office of the limited liability company is:

648 Killingly Street, Johnston, RI 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 CITIZENS PLAZA, SUITE 830 PROVIDENCE RI 02903

5. The current mailing address of the limited liability 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, Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Realty

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
<u>John J. Gosselin</u>	<u>648 Killingly Street, Johnston, RI 02919</u>
<u>Gary G. Gosselin</u>	<u>648 Killingly Street, Johnston, RI 02919</u>
<u>Co-Operating Managers</u>	

Dated 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.

Gosselin Realty Associates, LLC
Exact Name of Limited Liability Company

By [Signature]
Co-Operating Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: PATB
Check No.: OCT 16 2000
By: SEC'Y OF STATE

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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 LL 103974

Annual Report for the year 1999

1. The name of the limited liability company is:

Gosselin Realty Associates, LLC

2. The address of the principal office of the limited liability company is:

648 Killingly Street, Johnston, 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 CITIZENS PLAZA, SUITE 830 PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: John J. Gosselin, Operating Manager

648 Killingly Street, Johnston, Rhode Island 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Realty

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

John J. Gosselin

648 Killingly Street, Johnston, RI 02919

Operating Manager

Dated _____

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

FOR SECRETARY OF STATE USE ONLY

File Date:

OCT 27 1999

Check No.:

SEC'Y OF STATE

By:

Form No. 632
Revised 01/99