

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

100 North Main Street Providence, RI 02903-1335 401 222 3040

Corporations Division

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: Septem	nber 1 - November 1 OR PRINTED IN BLACK)	• Filing Fee: \$50	0.00					
1 ID No. 118274	2 Leact name of the limited liability company Nordic Realty LLC							
3 State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island.							
RHODE ISLAND	To own,		nce, acquire, maintain	and sell real	and personal			
5. Principal office address			City	State	Zıp			
	178 East Pasquisett Trail			RI	02813			
6. MAILING ADDRE	SS OF LIMITED LIABII	LITY COMPANY ANI	D NAME OR TITLE OF CONTACT I	PERSON:				
Contact Name			Contact Tule					
Steven A. Pe	rsson		Member					
Street Address			Cuy	State	Zip			
178 East Pas	squisett Trail		Charlestown	RI	02813			
	FILL IN SPA	ACES BEFORE USING	D LIABILITY COMPANY, IF APPLI G ATTACHMENTS ("X" BOX FOI IRES FILING OF AMENDMENT, R.I	R ATTACHMENT) 🔲				
Manager Name			Manager Name					
None			•					
Street Address			Street Address					
Cit;	Mate	Zip	Cuy	State	Zψ			
Manager Name		· · · · · · · · · · · · · · · · · · ·	Manager Name					
street Address			Street Address					
City	Vale	Zφ	City	State	Zip			
8. RESIDENT AGEN Agent Name GARY R. PANNONE, E		DO NOT ALTER - C	Changes require filing of Form 6	42 - R.I.G.L. 7-16-11	· · · · · · · · · · · · · · · · · · ·			
ONE FINANCIAL PLAT	ZA, SUITE 1800		PROVIDENCE	PROVIDENCE 02903-				
05 0CT 14 PM 6: 2		ust be signed in ink	by an authorized person pursuant t	o R.I.G.L. 7-16-66.	0			
File Date	118274 10/14/05 5735 A	79904		nanying schedules and s	that I have examined this report tatements, and that all statements			
J. W. L. 170.			Signature of Authorized	i Person	Date			

Steven A. Persson

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 109 North Main Street Procidence, RI 02903-1335 401-222 3940

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2004

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

FORM MUST BE TY									
i 11) No	2 Exact name of the h	Exact name of the limited liability compairs							
118274	Nordic Realty LLC								
RHODE ISLAND	To own	To own, operate, finance, acquire, maintain and sell real and personal property.							
5. Principal office in			City	State	Zφ				
178 East H	Pasquisett Trail		Charlestown	RI	02813				
6. MAILING AD	DRESS OF LIMITED LIA	ABILITY COMPANY ANI	D NAME OR TITLE OF CONTACT F	PERSON:	·				
Contact Name			Contact Infe						
Steven A.	Persson		Member						
Street Address			Gdp	State	Zip				
178 East I	Pasquisett Trail		Charlestown	RI	02813				
			•						
Manager Name None			Menager Name						
None			Menuger Name Street Address						
None Street Address	Make	Zap		State	Ζφ				
None None Street Address City Maoniger Name	Mate	Zip	Street Address	State	Zīp				
None Street Address One Maringer Name	Mate	Zap	Street Address Get	State	Zφ				
None Street Address	Mate State	Zφ 	Street Address Gift Manager Name	State State	Z.ф 				
None Street Address City Maringer Name Street Address City	State	Ζφ	Street Address Gdy Munager Name Street Address	State	Zų				
None Street Address Any Marager Name Street Address Gity B. RESIDENT Address	State GENT IN RHODE ISLAN	Ζφ	Street Address Git) Manager Name Street Address City Changes require filing of Form 6	State	Zų				
None Street Address Guy Maringer Name Street Address Guy 8. RESIDENT AG	State GENT IN RHODE ISLAN	Ζφ	Street Address Git) Manager Name Street Address City Changes require filing of Form 6	State	Zψ				

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	9.21.09
Check No.	7904
B1	<u> 100'</u>
FOR SE	CRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statements
contained herein are true and correct.

Signature of Authorized Person

Steven A. Persson

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 02903-1535 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

Filing Period: Septer (FORM MUST BE TYPED			50.00						
1 H2 No 118274	2 Exact name of the lin	name of the limited habitity company Nordic Realty LLC							
3 State of Formation RHODE ISLAND	To own,	operate, fina	business which is actually conducted in Rho nce, acquire, maintain		and personal				
5 Principal office address 178 East Pasc	quisset Trail		Charlestown	State R I	^{Дір} 02813				
6. MAILING ADDRE		BILITY COMPANY AN	ID NAME OR TITLE OF CONTACT Contact Title Member	r PERSON:	'				
Sheet Address 178 East Pas	squisset Trail		Charlestown	State RI	02813				
AN Managa Name None	FILL IN	SPACES BEFORE USIN	ED LIABILITY COMPANY, IF APP NG ATTACHMENTS ("X" BOX F URES FILING OF AMENDMENT, I Micrager Name	OR ATTACHMENT) 🛚					
Street Address			Street Address						
City	State	Zip	СИу	State	Zip				
Manager Name		·····	Manager Name	•••••••••••••••••••••••					
Street Address			Street Address	Street Address					
Cay	State	Zιp	CII	State	Zην				
8. RESIDENT AGEN Agent Name GARY R. PANNONE, E		D - DO NOT ALTER -	Changes require filing of Form Address	642 - R.I.G.L. 7-16-1	ı '				
Address ONE FINANCIAL PLAZ	'A, SUITE 1800		PROVIDENCE	Zıj	,)2903-				

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	<u>q.</u> 2	<u>}</u>	03) 			
Check No _	. <u> </u>	<u>(0</u>	95				

FOR SECRETARY OF STATE USE ONLY

Steven A. Persson

Print or Type Name of Authorized Person

contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.



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) L. ID No. 2. Exact name of the limited liability company 118274 Nordic Realty LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island To own, operate, finance, acquire, maintain and sell real and personal **RHODE ISLAND** 5. Principal office address State 02813 178 East Pasquisett Trail Charlestown RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title Steven A. Persson Member Street Address City State 178 East Pasquisett Trail 02813 Charlestown RI 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 None Street Address Street Address City State Zip State Zip Manager Name Manager Name Street Address Street Address City State Cin Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 tgent Name Address GARY R. PANNONE, ESQ. Address City Zip ONE FINANCIAL PLAZA, SUITE 1800 **PROVIDENCE** 02903-

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



File Date S 30 0 Check No. S C

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

Steven A. Persson

Print or Type Name of Authorized Person