



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. 110275		2. Exact name of the limited liability company Rex Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF COMMERCIAL REAL ESTATE	
5. Principal office address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI
		Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MAL A SALVADORE		Contact Title Manager	
Street Address 400 RESERVOIR AVENUE		City PROVIDENCE	State RI
		Zip 02907	
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 Mal A. Salvadore		Manager Name	
Street Address 400 Reservoir Avenue		Street Address	
City Warwick	State RI	Zip 02907	City State Zip
Manager Name Joseph C. Salvadore		Manager Name	
Street Address 10 Weybossett Street, Suite 905		Street Address	
City Providence	State RI	Zip 02903	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 MAL A. SALVADORE, ESQ.		Address 400 RESERVOIR AVENUE	
Address		City PROVIDENCE	Zip 02907

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



1 1 0 2 7 5

110275 DLLC 09/06/05 02:42:13 PM
File Date <u>10/12/05</u>
Check No. <u>1473</u>
By: <u>CXC</u>
FOR SECRETARY OF STATE USE ONLY

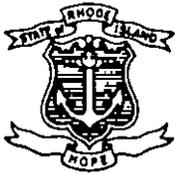
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Mal A. Salvadore 10/7/2005
Signature of Authorized Person Date

Mal A. Salvadore
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 110275

Annual Report for the year 2000

1. The name of the limited liability company is:

Rex Realty, LLC

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

400 Reservoir Avenue, Providence, RI 02907

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: MAL A. SALVADORE, ESQ.

400 RESERVOIR AVENUE, 3G PROVIDENCE RI 02907-

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: 400 Reservoir Avenue, Providence, RI 02907

ATTN: Mal A. Salvadore

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

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

Name

Address

Mal A. Salvadore

400 Reservoir Avenue, Providence, RI 02907

Joseph C. Salvadore

50 Kennedy Plaza, 1252, Providence, RI 02903

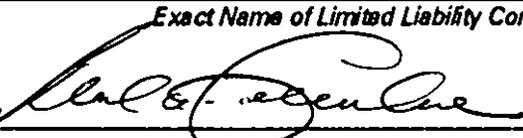
Dated October 6, 2000

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.



Rex Realty, LLC

Exact Name of Limited Liability Company

By 

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10/11

Check No.: 1023

By: 

Form No. 632
Revised 01/99