

Matthew A. Brown, Secretary of State

Corporations Division 148 W. Ruer Street

Providence, RI 02904-2615 401-222-3640

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

127378		name of the limited liability company ny Realty, LLC						
3 State of Formation Rhode Island 4 Brief description of the character of the hismess upper purchasing, developing, holding				buth is actually conducted in Mhode Island ig and selling real and personal property				
5 Principal office address 33 Washington Street				On Newport	State R I		Zφ 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Myra H. Duvally				OR TITLE OF CONTACT PERSON: Contact Title Operations Manager				
Micet Address				Cin	State		Zψ	
33 Washington Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABI				Newport	RI ABLE : DO N	OT LIST	02840 MEMBERS	
7. Napri. A.V. abbi	NC33 ()1			HMENTS ("X" BOX FOR			WILMBERG	
AN	Y MODI	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.C	NG OF AMENDMENT, R.I.G.I., 7-16-12 (a) (2) / 7-16-52			
Manager Name				Manager Name				
Siregt Address				Strict Address				
Ofγ		State	<i>Σ</i> φ.	City	State		Zψ	
Marager Name				Manager Name				
Street Address				Street Additiess				
Citi		State	Zıp	Оц	State		Zq.	
8. RESIDENT AGEN	T IN RH	ODE ISLAND - DO N	IOT ALTER - Changes	require filing of Form 642 Address	R.I.G.L. 7-1	16-11	•	
Deborah DiNardo, Esq.				123 Dyer Street				
Addition				Ony Providence, RI 02	Zip 1 02903 02903		:	
				L		1		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	8/9/06	_
Check No	1543 14-0809	a
By		_
	FOR SECRETARY OF STATE USE ONLY	İ

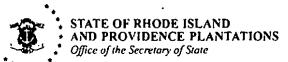
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Daje

Myra H. Duvally

Print or Type Name of Authorized Person



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 127378 Barclay Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASING, DEVELOPING, HOLDING & SELLING REAL & PERSONAL PROPERTY **RHODE ISLAND** 5. Principal office address 02840-RI NEWPORT 33 WASHINGTON STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title ALMIRA H DUVALLY .Operations Manager City Zip State Strect Address RI 02840-33 WASHINGTON STREET NEWPORT 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 Monuger Name · Manager Nome · Street Address Street Address State Zip City ·Cin Zip State Manager Name Manager Name Street Address ·Sireei Address Zo State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH DINARDO, ESQ. 123 DYER STREET Address **PROVIDENCE** 02903-

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



127378 DLLC 09/23/04 03:27:23 PM
File Date 10179104
Check No. 1394
By: U) 1
FOR SECRETARY OF STATE USE ONLY

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

(1: Line va All Dically 16)

Almira H. Duvally

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 Davision 160 North Main Street Providence, RI 0.2003-1335 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) L ID No. 2. Least name of the innied indulty company 127378 Barclay Realty, LLC 3 State of Formation i. Brief description of the character of the business which is actually conducted in Khode Island Purchasing, developing, holding & selling real & personal prop. **RHODE ISLAND** 5. Principal office address. State 33 Washington Street
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: 02840 <u> Almira H. Duvally</u> Operations Manager Street Address City Zib 33 Washington Street Newport 02840 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 Similar See -Memaga r Nenne Street Addisse Street Address State Zφ Manager Name Street Address State State Zψ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address DEBORAH DINARDO, ESQ. Address **123 DYER STREET PROVIDENCE** 02903-

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

* 1 2 7 3 7 8 *
File Date 11. 25 63
Check No
By:
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

pare 1

Almira H. Duvally Almira H. Duvally Almira

Print or Type Name of Authorized Person