



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.<br>97081   |  | 2. Exact name of the limited liability company<br>Halmi-Briggs Properties, LLC   |               |
| 3. State of Formation<br>RHODE ISLAND  |  | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE RELATED |               |
| 5. Principal office address<br>21 BLEACHERY COURT  |  | City<br>WARWICK  | State<br>RI   |
|  |  |  | Zip<br>02886  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                   |  |  |               |
| Contact Name<br>DEZI HALMI   |  | Contact Title  |               |
| Street Address<br>21 BLEACHERY COURT   |  | City<br>WARWICK  | State<br>RI   |
|  |  |  | Zip<br>02886- |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE                    |  |  |               |
| ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12(a) (2) / 7-16-52          |  |  |               |
| Manager Name   |  | Street Address   |               |
| City   |  | City   |               |
| State  |  | State  |               |
| Zip  |  | Zip  |               |
| Manager Name   |  | Street Address   |               |
| City   |  | City   |               |
| State  |  | State  |               |
| Zip  |  | Zip  |               |
| Manager Name   |  | Street Address   |               |
| City   |  | City   |               |
| State  |  | 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<br>GLEN J. SCIOTTI  |  | Address<br>946 PARK AVENUE   |               |
| Address  |  | City<br>CRANSTON   | Zip<br>02910  |

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



9 7 0 8 1

\*97081 DLLC 11/29/05 11:41:00 AM\*

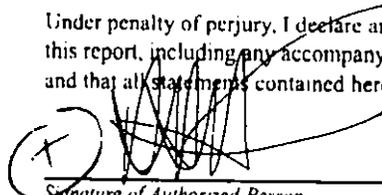
File Date 12/9/05

Check No. 93171

By: D

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

12/7/2005  
Date

DEZI G. HALMI  
Print or Type Name of Authorized Person



**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.<br><b>97081</b>  |       | 2. Exact name of the limited liability company<br><b>Halmi-Briggs Properties, LLC</b>   |                         |                     |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE RELATED</b> |                         |                     |                     |
| 5. Principal office address<br><b>21 BLEACHERY CT</b>  |       |   | City<br><b>WARWICK</b>  | State<br><b>RI</b>  | Zip<br><b>02886</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |   |                         |                     |                     |
| Contact Name<br><b>DEZI HALMI</b>  |       |   | Contact Title           |                     |                     |
| Street Address<br><b>21 BLEACHERY CT</b>   |       |   | City<br><b>WARWICK</b>  | State<br><b>RI</b>  | Zip<br><b>02886</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |   |                         |                     |                     |
| Manager Name   |       |   | Manager Name            |                     |                     |
| Street Address   |       |   | Street Address          |                     |                     |
| City   | State | Zip   | City                    | State               | Zip                 |
| Manager Name   |       |   | 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<br><b>GLEN J SCIOTTI</b>  |       |   | Address                 |                     |                     |
| Address<br><b>945 PARK AVENUE</b>  |       |   | City<br><b>CRANSTON</b> | Zip<br><b>02910</b> |                     |

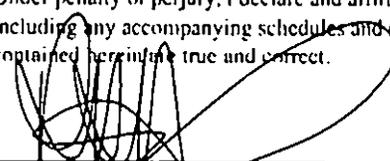
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 9 7 0 8 1 \*

|                                 |                |
|---------------------------------|----------------|
| File Date                       | <b>2/17/05</b> |
| Check No.                       | <b>31953</b>   |
| By:                             | <b>DA</b>      |
| 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 **1/25/05**  
**DEZI HALMI**  
Print or Type Name of Authorized Person



**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<br><b>97081</b>   |       | 2. Exact name of the limited liability company<br><b>Halmi-Briggs Properties, LLC</b>   |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE RELATED</b> |                     |
| 5. Principal office address  |       | City  | State               |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                     |       | Zip   |                     |
| Contact Name   |       | Contact Title   |                     |
| Street Address   |       | City  | State               |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE                      |       | Zip   |                     |
| 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   |       | Manager Name  |                     |
| Street Address   |       | Street Address  |                     |
| City   | State | City  | State               |
| Zip  |       | Zip   |                     |
| 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<br><b>GLEN J. SCIOTTI</b>   |       | Address   |                     |
| Address<br><b>946 PARK AVENUE</b>  |       | City<br><b>CRANSTON</b>   | Zip<br><b>02910</b> |

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



\* 9 7 0 8 1 \*

File Date \_\_\_\_\_  
Check No. **MAR 01 2004**  
By **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 \_\_\_\_\_ Date **02/06/04**

**Dezi G. Halmi**  
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 LL 97081

Annual Report for the year 1999

1. The name of the limited liability company is:

Halmi-Briggs Properties, LLC

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

81 Bleachery Court, Warwick, RI 02886

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: GLEN J. SCIOTTI, ESQ.

Loffredo & Sciotti, 946 Park Avenue, Cranston, RI 02910

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: 81 Bleachery Court, Warwick, RI 02886

Dezi-Halmi - Contact Person

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

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

Name

Address

N/A

Dated September 9, 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.



\* 9 7 0 8 1 \*

Halmi-Briggs Properties, LLC

Exec Name of Limited Liability Company

By [Signature]  
Dezi Halmi

Member

Title

FOR SECRETARY OF STATE ONLY  
File Date: **PAID**  
Check No.: **NOV 16 1999**  
By: [Signature]  
**SECY 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 97081

Annual Report for the year 1998

1. The name of the limited liability company is:

Halml-Briggs Properties, LLC

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

81 BLEACHERY COURT WARWICK, RI 02886

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: GLEN J. SCIOTTI

LOFFREDO & SCIOTTI 935 PARK AVENUE, SUITE 210 CRANSTON, RI 02910

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: 81 BLEACHERY COURT WARWICK, RI 02886

DEZI HALMI- CONTACT PERSON

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

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

| Name       | Address |
|------------|---------|
| <u>N/A</u> |         |
|            |         |
|            |         |

Dated DECEMBER 2, 19 98



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.

HALMI-BRIGGS PROPERTIES, LLC

Exact Name of Limited Liability Company

By [Signature]  
DEZI HALMI

MEMBER  
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 1/4/98

Check No.: 18356

By: [Signature]