



**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. 110358	2. Exact name of the limited liability company Interchange Realty, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE		

5. Principal office address 400 LINCOLN AVENUE	City WARWICK	State RI	Zip 02888-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN CARDI	Contact Title MGR		

Street Address 400 LINCOLN AVENUE	City WARWICK	State RI	Zip 02888-
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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 Interchange Realty Corporation	Manager Name
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Street Address c/o Stephen Cardi, 400 Lincoln Avenue	Street Address
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City Warwick	State RI	Zip 02888	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name JON A. MILLS	Address 222 JEFFERSON BOULEVARD
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Address	City WARWICK	Zip 02888-
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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*110358 DLLC 09/15/03 02:45:03 PM*
File Date <u>9/30/03</u>
Check No. <u>1627</u>
By: <u>DA</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.

*Stephen A. Cardi*  
Signature of Authorized Person      Date 9/23/03  
**Stephen A. Cardi, Treasurer**  
Print or Type Name of Authorized Person