



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. 135570		2. Exact name of the limited liability company SPM REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to deal with real estate	
5. Principal office address 108 Farnum Pike		City Smithfield	State RI
		Zip 02917-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephanie LaGreca		Contact Title Member	
Street Address 108 Farnum Pike		City Smithfield	State RI
		Zip 02917-0000	
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 Stephanie LaGreca		Manager Name Paul McGinn	
Street Address 108 Farnum Pike		Street Address 42 Jacqueline Way	
City Smithfield	State RI	City Tiverton	State RI
Zip 02917		Zip 02917	
Manager Name Michael McGinn		Manager Name	
Street Address 42 Jacqueline Way		Street Address	
City Tiverton	State RI	City	State
Zip 02917		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 Stephanie LaGreca		Address 108 Farnum Pike	
Address		City Smithfield	State RI
		Zip 02917	

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

File Date	10/14/05
Check No.	1021
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.

September 6, 2005
Signature of Authorized Person Date
Stephanie LaGreca
By: Stephanie LaGreca
Print or Type Name of Authorized Person

Member

Form 632 Rev. 6/02

**UNANIMOUS CONSENT
OF THE MEMBERS OF
SPM REALTY, LLC
(2005)**

The undersigned, being all of the Members of SPM REALTY, LLC, a Rhode Island limited liability company, do hereby consent to ratify and affirm the following actions:

WHEREAS, the Joint Annual Meeting of the Managers and Members was held at the office of the Limited Liability Company on September 6, 2005 at 9:00 a.m., and

WHEREAS, the Members wish to elect Managers for the ensuing year in accordance with the Operating Agreement, and

WHEREAS, the Members entitled to vote request that the Limited Liability Company maintain a cash reserve in a sufficient sum for building repairs, maintenance of the company property and for the purchase and replacement of equipment, and for other contingencies, and

WHEREAS, the Members wish to approve and ratify all recorded contracts, commitments, bonuses, contributions, appointments and lawful company acts by the Managers since the last annual meeting.

NOW THEREFORE BE IT

RESOLVED, the Members hereby elect the following Managers and Officers for the ensuing year:


Stephanie LaGreca
Paul McGinn
Michael McGinn

RESOLVED, the Limited Liability Company shall hereby maintain a cash reserve in a sufficient sum for building repairs, maintenance of the company property and for the purchase and replacement of equipment, and for other contingencies; and

RESOLVED, the Members hereby approve and ratify all recorded contracts, commitments, bonuses, contributions, appointments and lawful company acts by the Managers/Members since the last annual meeting.

MEMBERS:


Stephanie LaGreca


Paul McGinn


Michael McGinn



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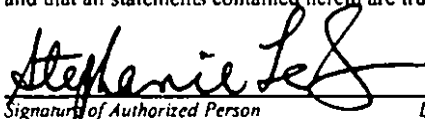
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Address		City Smithfield	State RI
		Zip 02917	

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

File Date	9/13/04
Check No.	1003
By:	DA
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.

 September 7, 2004
Signature of Authorized Person Date

Stephanie LaGreca
Print or Type Name of Authorized Person
By:

Member