

Matthew A. Brown. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Filing Period: Sept								
I. ID No.	PED OR PRINTED IN BI	ACK)						
127384	700 Wood Street	Nood Street, LLC						
3. State of Formation	4. Brief descri	iption of the character of	the business which is actually conduct	ted in Rhode Island				
RHODE ISLAND	TO PURCH	ASE, MAINTAIN,	NT AND SELL RESIDENTIAL AND COMMERCIAL REAL ESTATE.					
5. Principal office address 700 WOOD STREET			City BRISTOL	State RI	Zip 02809 -			
	RESS OF LIMITED	LIABILITY COM	PANY AND NAME OR TITLI	E OF CONTACT PER	RSON:			
Street Address			City	State	7			
23 BAKER STREI	ET		BRISTOL	RI	7.1p   02809 -			
	ANY MODIFICATION	S TO MANAGERS REC	NG ATTACHMENTS ("X" BOX QUIRES FILING OF AMENDMENT.  •Manager Name	FOR ATTACHMENT)  R.I.G.L 7-16-12 (a) (2) /	7-16-52			
	ANY MODIFICATION:	S TO MANAGERS REC	DUIRES FILING OF AMENDMENT.	FOR ATTACHMENT) ☐ R.I.G.L 7-16-12 (a) (2) /	7-16-52			
ireet Address	ANY MODIFICATION:	S TO MANAGERS REC	OUIRES FILING OF AMENDMENT.  •Manager Name •	FOR ATTACHMENT)	7-16-52 Z <sub>1</sub> p			
itreet Address	ANY MODIFICATION	S TO MANAGERS REC	OUIRES FILING OF AMENDMENT.  •Manager Name  • Street Address	R.I.G.L 7-16-12 (a) (2) /	7-16-52			
Sireet Address  Lity  Lanager Name  Greet Address	ANY MODIFICATION	S TO MANAGERS REC	NUIRES FILING OF AMENDMENT.  Nanager Name  Street Address  City	R.I.G.L 7-16-12 (a) (2) /	7-16-52			
Street Address  Lity  Lanager Name  Street Address	State   State	S TO MANAGERS REC	**Manager Name  **Street Address  **City  **Manager Name  **Street Address	State  State	7-16-52 Zip			
ireet Address  Sunager Name  Treet Address	State   State	S TO MANAGERS REC	**Street Address  **Street Address  **City  **Manager Name  **Street Address  **City	State  State	7-16-52 Zip			
ireet Address  Tuy  Tunager Name  Treet Address  Try  RESIDENT AGEN  Bent Name	State   State	S TO MANAGERS REC	**Manager Name  **Street Address  **City  **Manager Name  **Street Address	State   State	7-16-52 Zip			
Sireet Address City Manager Name Sireet Address City B. RESIDENT AGEN gent Name PAUL SILVA ddress	State   State	S TO MANAGERS REC	**Street Address  **City  **Manager Name  **Street Address  **City  **Manager Name  **Street Address  City	State   State	7-16-52  Zip  Zip  6-11			

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



*127384 DLLC/08/30/05 11:53:04 AM*
File Date 9/21/05
Check No. 3779
Ву:
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 Author ed Parson

9 15 05 Date

Sernhy J. DAAN

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 Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

rung rerioa: 3	september 1	LITY CON - November 1 • PRINTED IN BLACK	Filing Fee: \$50.00	JAL REPORT I	FOR THE YE	CAR 2004			
1. ID No. 127384	2. Exac	ct name of the limited liability company  Wood Street, LLC							
3. State of Formuti				iness which is actually conduc	rad in Whada Jalam d				
RHODE ISLA	ND	TO PURCHASE,	MAINTAIN, RENT	AND SELL RESIDENTI	AL AND COMMERCIA	AL REAL ESTATE.			
5. Principal office address 700 WOOD STREET			City BRISTOL	State RI	Zip 02809-				
Contact Name	ADDRESS (	OF LIMITED LIA	BILITY COMPANY	AND NAME OR TITI,	1				
Street Address 23 BAKER STREET			City BRISTOL	State	Zip				
		OF EACH MAN	AGER OF THE LIM	ITED LIABILITY CO	RI MPANY, IF APPLIC ( <i>FOR ATTACHMENT</i> )	02809-			
Munuger Name	ANY M			S FILING OF AMENDMENT.  *Manager Name	. R.I.G.L 7-16-12 (a) (2)	니 1 / 7-16-52			
Sircet Address	<del></del>		* , \$ *	· Street Address					
City		State	Zip	City	State	Zip			
Manager Name	• • • • •	J	[	Manager Name					
Street Address				*Street Address	<del></del>				
City		State	Ζίρ	City	State	Zip			
8. RESIDENT A	GENT IN RI	I HODE ISLAND -0:	∣ 0 <i>N0T ALTER-</i> Chan	es require filing of	  Form 642 - R.I.G.L.:				
PAUL SILVA				Address 674 HOPE STRE	ET				
Address				City Zip					
<del></del>			<u> </u>	BRISTOL		02809-			
<sup>C</sup> his report musi	t he signed	in ink by an aut	horized person purs	uant 10 7-16-66.					
	1 2 7	3 8 4							
*127384 DLLC File Date (O) Check No. 3	: 09/07/04   25/04   33	10:29:50 AM*		this report, includi	ng any accompanying sents contained herein an	finn that I have examined chedules and statements. The true and correct.			
B <sub>y:</sub> FOR SECRETARY	OF STATE U	SE ONLY		Seasah Print or Type Name	of Authorized Person	•			



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 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) 2. Exact name of the limited liabilty company 127384 700 Wood Street, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, MAINTAIN, RENT AND SELL RESI RENT AND SELL RESIDENTIAL AND RHODE ISLAND COMMERCIAL REAL ESTATE 5. Principal office address State 700 WOOD STREET 02809-BRISTOL RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Seraphin DaPonte Street Address City State Zip 23 Baker Street Bristol RI 02809 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 · Manager Name Street Address Street Address City State Zip City State Zip Manager Name Manager Name Street Address ·Street Address City State City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL 7-16-11 igent Name Address PAUL SIVLA 674 HOPE STREET Address City Zip BRISTOL 02809-This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, 127384 DLLC 10/07/03 10:40:35 AM and that all statements contained herein are true and correct. 1-8-04 MICHAIL DAGSTE
Print or Type Name of Althorized Person FOR SECRETARY OF STATE USE UNLY