



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|-------|--|----------------|---------------|-----|
| 1. 123586 | | Seaquest Realty LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, RENT, SELL AND LEASE REAL ESTATE | | | |
| 5. Principal office address 245 Privilege Street | | City Woonsocket | State RI | Zip 02895 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Roger Landry | | | Contact Title | | |
| Street Address 245 Privilege Street | | City Woonsocket | State RI | Zip 02895 | |
| 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 | | | 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 LLOYD R. GARIEPY | | | Address | | |
| Address 68 CUMBERLAND STREET, SUITE 203 | | City WOONSOCKET | | Zip 02895- | |

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



123586

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.

| | |
|---------------------------------|-----------|
| File Date | 10/25/05 |
| Check No. | 0209 |
| By: | <i>RL</i> |
| FOR SECRETARY OF STATE USE ONLY | |

RL
 Signature of Authorized Person
 10-18-05
 Date
 Roger E. Landry
 Print of 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

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)

Form with fields for ID No (123586), Exact name (Sequest Realty LLC), State of Formation (RHODE ISLAND), Brief description of the character of the business (OWN, RENT, SELL AND LEASE REAL ESTATE), Principal office address (245 Privilege Street, Woonsocket, RI 02895), Mailing address (245 Privilege Street, Woonsocket, RI 02895), Name and address of each manager, and Resident Agent (LLOYD R. GARIEPY, 68 CUMBERLAND STREET, SUITE 203, WOONSOCKET, 02895).

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



* 1 2 3 5 8 6 *

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.

File Date: 10/7/04
Check No.: 0166
By: W.
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: Roger Landry
Date: 10-4-05
Print or Type Name of Authorized Person: Roger Landry

INSTRUCTIONS FOR FILING A LIMITED LIABILITY COMPANY ANNUAL REPORT

To avoid possible delays, please read all instructions carefully before completing the report.
(THE INFORMATION MUST BE TYPED OR PRINTED IN BLACK ON THE REPORT)

All sections, including the signature and date, must be completed on Form No. 632 furnished by the office of the Secretary of State; otherwise, the report will be returned to you.

The report must be dated and signed in ink by an authorized person of a domestic limited liability company and by a person with authority to do so under the laws of the state or other jurisdiction of organization of a foreign limited liability company. Photocopies, fax copies, or signature stamps will not be accepted.

Annual Reports are to be filed annually between the first-day of September and the first-day of November. Failure to file the report and filing fee may result in revocation of the Certificate of Organization or the Certificate of Registration.

- Section 1.** This section lists the entity identification number. **DO NOT ALTER THIS NUMBER.** Please include this number on your check and refer to it in any correspondence or filings with the Corporations Division.
- Section 2.** This section states the exact name of the limited liability company as it appears on the articles of organization or latest amendment. **DO NOT ALTER THIS SECTION.** If the name has changed, an amendment must be filed with this office. Articles of Amendment forms (Domestic Limited Liability Companies) or Amendment to Application for Registration forms (Foreign Limited Liability Companies) can be obtained by calling (401) 222-3040 or logging onto our website at www.state.ri.us.
- Section 3.** The state or other jurisdiction of organization has been pre-printed. If the information is incorrect, please contact this office.
- Section 4.** Provide a brief statement of the character of the business in which the limited liability company is engaged in this state.
- Section 5.** Provide the address of the principal office of the limited liability company.
- Section 6.** Provide the current mailing address and the name or title of a person to whom communications may be directed.
- Section 7.** If applicable, provide the name(s) and address(es) of the limited liability company's manager(s), that were listed on the Articles of Organization, Certificate of Registration, or subsequent amendment. **DO NOT USE THE ANNUAL REPORT TO RECORD A CHANGE IN MANAGERS. ANY MODIFICATION TO MANAGERS REQUIRES FILING AN AMENDMENT.** Amendment forms can be obtained by calling (401) 222-3040 or logging onto our website at www.state.ri.us. **DO NOT LIST MEMBERS IN THIS SECTION.**
- Section 8.** The name and address of the limited liability company's resident agent has been pre-printed. **DO NOT ALTER THIS SECTION.** If there has been a change in the name or address of the resident agent, a Statement of Change must be filed with this office. A Statement of Change of Resident Agent/Address form can be obtained by calling (401) 222-3040 or logging onto our website at www.state.ri.us.



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. 123586 | | 2. Exact name of the limited liability company Sequest Realty LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island own, rent, sell and lease real estate | | | |
| 5. Principal office address 245 Privilege Street | | City Woonsocket | State RI | Zip 02815 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Roger E. Landry | | | Contact Title | | |
| Street Address 245 Priviledge St. | | City Woonsocket | State RI | Zip 02895 | |
| 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 | | | 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 LLOYD R. GARIEPY | | | Address | | |
| Address 68 CUMBERLAND STREET, SUITE 203 | | | City WOONSOCKET | Zip 02895- | |

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



* 1 2 3 5 8 6 *

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.

File Date 9-24-03
Check No 131
By [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/18/03
Signature of Authorized Person Date
Roger E. Landry, Member
Print or Type Name of Authorized Person