



**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. 124287		2. Exact name of the limited liability company DJA REALTY, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PROVIDE, SELL, LEASE, REHABILITATE AND/OR INVEST IN REAL ESTATE			
5. Principal office address 54 TAYLOR DRIVE		City EAST PROVIDENCE	State RI	Zip 02915-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BERNIE MACERONI		Contact Title MANAGER			
Street Address 54 TAYLOR DRIVE		City EAST PROVIDENCE	State RI	Zip 02915-	
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 BERNIE MACERONI		*Manager Name			
Street Address 54 TAYLOR DRIVE		*Street Address			
City EAST PROVIDENCE	State RI	Zip 02915	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 RICHARD A. PACIA, ESQ.		Address 50 POWER ROAD, SUITE 200			
Address		City PAWTUCKET	Zip 02860-		

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



1 2 4 2 8 7

\*124287 DLLC 10/20/05 06:33:09 PM\*

File Date 11-14-05

Check No. 12428

By: ICP

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.

B Maceroni 11-1-05  
Signature of Authorized Person Date

Bernard Maceroni  
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. 124287		2. Exact name of the limited liability company DJA 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 purchase, sell, lease, rehabilitate and/or invest in real estate	
5. Principal office address 54 Taylor Drive		City East Providence	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bernie Maceroni		Contact Title Manager	
Street Address 54 Taylor Drive		City	State
		Zip	
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 Bernie Maceroni		• Manager Name	
Street Address 54 Taylor Drive		• Street Address	
City East Providence	State RI	Zip 02915	• City
			• State
			• Zip
• 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 Richard A. Pacia		Address	
Address 50 Power Road		City PAwtucket	Zip 02860

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



1 2 4 8 7

File Date	9/17/04
Check No.	6647
By:	OA
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.

Bernie Maceroni 9/14/2004  
Signature of Authorized Person Date

Bernard Maceroni  
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

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)

Form with multiple sections: 1. ID No. 124287; 2. Exact name of the limited liability company: DJA REALTY, L.L.C.; 3. State of Formation: RHODE ISLAND; 4. Brief description of the character of the business: To purchase, sell, lease, rehabilitate and/or invest in Real Estate; 5. Principal office address: 54 TAYLOR DRIVE, EAST PROVIDENCE, RI 02915; 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: BERNIE MACERONI, MANAGER; 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE: BERNIE MACERONI, 54 TAYLOR STREET, EAST PROVIDENCE, RI 02915; 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11: RICHARD A. PACIA, ESQ., 50 POWER ROAD, PAWTUCKET, 02860.

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



\* 1 2 4 2 8 7 \*

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: 12-12-03
Check No: 2138
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature]
Date: 11/17/2003

BERNIE MACERONI
Print or Type Name of Authorized Person