



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

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

1. ID No. 124685		2. Exact name of the limited liability company ODI 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 BUY SELL MAINTAIN AND INVEST IN REAL ESTATE	
5. Principal office address 300 CENTERVILLE ROAD, SUITE 305, SUMMIT WEST		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name GEORGE M LANDES		Contact Title	
Street Address 300 CENTERVILLE RD STE 305 SUMMIT WEST		City WARWICK	State RI
		Zip 02886-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. PLEASE PRINT IN SPACES BEFORE USING ATTACHMENTS. (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12(a)-(2); 7-16-52-2			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	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 GEORGE M. LANDES		Address 300 CENTERVILLE ROAD, SUITE 305	
Address SUMMIT WEST		City WARWICK	Zip 02886-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (h).



1 2 4 6 8 5

\*124685 DLLC 08/04/06 03:12:56 PM\*

File Date 9/7/06

Check No. 186

By: [Signature]

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] 09/06/06  
Signature of Authorized Person Date

SOUVANNY SENGVILAY  
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. 124685		2. Exact name of the limited liability company ODI REALTY, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island To buy, sell, maintain and invest in real estate.			
5. Principal office address 300 Centerville Road Suite 305, Summit West		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name George M. Landes		Contact Title Attorney at Law			
Street Address 300 Centerville Road Suite 305, Summit West		City Warwick	State RI	Zip 02886	
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 George M. Landes		Address 300 Centerville Rd, Suite 305, Summit West			
Address fg		City Warwick	State	Zip 02886	

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, and that all statements contained herein are true and correct.

File Date	<u>9/20/04</u>
Check No.	<u>189</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	

Souvanny Sengvilay Member 9/16/04  
Signature of Authorized Person Date  
SOUVANNY SENGVILAY  
Print or Type Name of Authorized Person



**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)

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		Zip 02886	
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Contact Name George M. Landes		Contact Title Attorney at Law	
Street Address 300 Centerville Road Suite 305, Summit West		City Warwick	State RI
		Zip 02886	
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		Street Address	
City		State	
Zip		City	
State		State	
Zip		City	
Manager Name		Street Address	
City		State	
Zip		City	
State		State	
Zip		City	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name George M. Landes		Address 300 Centerville Rd, Suite 305, Summit West	
Address fg		City Warwick	Zip 02886

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

File Date	9/20/04
Check No.	189
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.

*Souvanny Sengvilay* 9/16/04  
Signature of Authorized Person Date  
SOUVANNY SENGVILAY  
Print or Type Name of Authorized Person