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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 2005

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 137488 POPOLLA REALTY, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate RHODE ISLAND 5. Principal office address Cirv State Zip 855 ATWOOD AVENUE CRANSTON RI 02920-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Giuseppe Popolla Street Address City State 855 Atwood Avenue .Cranston RI 02920 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 Monager Name Street Address · Sircei Address City Zip City State Zip Menager Name Manager Name Street Address ·Sireci Address City State ZID State Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.Gl., 7-16-11 EDWARD J. DIMARTINO, JR. ESQ. 141 PHENIX AVENUE Address 7.sp CRANSTON 02920-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 hereig are true and correct.

Giuseppe Popolla
Print or Type Name of Authorized Person

Date