

Address

**56 PASTURE VIEW DRIVE** 

# 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. ID No. 2. Exact name of the limited liability company 114089 GREENWOOD PROPERTIES, LLC 3 State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **REAL ESTATE RENTALS RHODE ISLAND** 5. Principal office address (RANITIN 56 PAITURE VIEW 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: DUVA 6 ARY Street Address PAITURE VIEW 01920 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 GARY DUVA Street Address AJTURE VIEW DRIVE Zφ Manager Name Manager Name Street Address Street Address City Z.ip State Zio 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **GARY DUVA** 

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

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CRANSTON

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File Date	9/21/05 *114089*	
Check No		
Ву:	—— <del>Д</del>	
	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.

Ζip

02920-

Signature of Authorized Person

GARY DYVA

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 \_

2004

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1. ID No 11 4089		name of the limited Ital NWOOD PROPERT						
3. State of Formation RHODE ISLAND		4. Brief description of a REAL ESTATE R		which is actually conducted in Rhode Is	land			
	TURE	VIEW DRI		City (RAN11UN	State & I	- Zip 0 1 4 2 w		
Contact Name	FSS OF L		COMPANY AND NAM	Gontact Title  Contact Title  MANAGE				
Sirect Address  S PAIT	ne l	11ew 12	.lvr	CRANITON	State I	73p 0292L		
	Y MODI	FILL IN SPACE FICATIONS TO MA	S BEFORE USING ATT	BILITY COMPANY, IF APPLICACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I. of Manager Name	ATTACHMENT)			
Street Address 56	<del></del>	URE VIE	n Delve	Street Address				
City (2AM)	700	State R I	Zip 02920	City	State	Zip		
Munager Name	•••••••	********	••••••••••••	Manager Name				
Street Address				Sircei Address	<del></del>			
City		State	Zψ	City	State	Ζίφ		
8. RESIDENT AGEN Agent Name GARY DUVA	IT IN RH	ODE ISLAND - DO	NOT ALTER - Change	es require filing of Form 642	2 ; R.I.G.L. 7-16	-11		
Address 56 PASTURE VIEW DRIVE				City         2φ           CRANSTON         02920-				
					•	•		

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

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File Date	10/4/04			
Check No.	1443			
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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.

x Min	Hum	9	129	120021
Signature of Authorize	d Person	Da	ie	I

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

Gorporations Digistion 190 North Main Street Providence, RI 02903-1535 361-222-2046

LIMITED LIABILITY COM	IPA	NY ANNUAL REPORT FOR THE YEAR	2003
Filing Period: September 1 - November 1		Filing Fee: \$50.00	

401 222 3040 **103** 

Filing Period: Septen (FORM MUST BE TYPED			Filing Fee: \$50.00					
1 H2 No. 114089		name of the limited hall GREENWOOD PROF		<u> </u>				
3 State of Formation	L			elisch is actually conducted in Rhode.		-· <u>-</u> -		
				отал к шинал қолағана на қполе,	s:ang			
RHODE ISLAND		REAL ESTATE R	ENTALS —	· · · · · · · · · · · · · · · · · · ·				
5 Principal office address	AJTU	RE VIEW	ORILE	( LANSTON	Stelle R.J	01920		
6. MAILING ADDRE Contact Name	SS OF L	IMITED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTACT P	ERSON:			
GARY	DL	[VA		Contact Tale MANAGI	1			
Street Address 56 F	74170	rar View	DLIVE	MANAGIN (LANIIN	L I	Zφ 02920		
7. NAME AND ADDE	RESS OF	FILL IN SPACE	OF THE LIMITED LIA S BEFORE USING ATTA	BILITY COMPANY, IF APPLICACEMENTS — ("X" BOX FOR ILING OF AMENDMENT, R.I.	CABLE ATTACHMENT)	, / 7-16-52		
Mananger Name	- <b>Y</b>	DUVA		Manager Name				
Street Address  56	PAJ	OUVA TVAT VII State LI	ew DK	Street Address				
CANITO	~	State LI	02920	City	State	Zip		
Manager Name	•••••	·• · • • • • • • • • • • • • • • • • •		Manayer Name	••••••			
Street Address		<del>_</del>	<del></del>	Street Address	<u> </u>	,		
Cu <sub>1</sub>		State	Zψ	<i>Cn</i> <sub>1</sub>	State	Zqp		
8. RESIDENT 'AGENT Agent Name GARY DUVA	I IN RHO	ODE ISLAND - DO	   NOT ALTER - Change	rs require filing of Form 64  Address	l 2 - R.I.G.L. 7-16-11	ì		
56 PASTURE VIEW DRIVE			CRANSTON	Z.p 029	20-			
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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File Date		<u>9</u> -,	16	0	}	
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Bv:	R SECRETARY OF	<u>Z</u>	<u>۔</u> ۱			

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.

Man Alas	9/13	8002
Signature of Ayrarized Person	Date	
/ AAL NILLA		

Print or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Sept	tember 1 - November 1	<ul><li>Filing Fee: \$50</li></ul>	1.00	or the tear	2002
(FORM MUST BE TY)  1. ID No. 114089	2. Exact name of the limite GREENWOOD PROPE	ed liabilty company			<del>-</del>
3. State of Formation RHODE ISLAND	1	n of the character of the	business which is actually conducted	in Rhode Island	
5. Principal office add	PAITURE VIEW	- OR	City (RANITON	State	Zip
6. MAILING ADD		ABILITY COMPA	NY AND NAME OR TITLE ( Contact Title		
Street Address	PAITURE VIC	n DR	City (LANITON	State	2ip 02.92U
7. NAME AND AD	FILL IN SPAC	ES BEFORE USING	ITED LIABILITY COMPANATIACHMENTS ("X" BOX IRES FILING OF AMENDMENT. R	FOR ATTACHMENT 🗍 🐇	······································
Manager Name GAA			• Manager Name		, , , , , , , , , , , , , , , , , , ,
	PASTURE VIC	w DR	* Street Address		
Cin ( Q A N J	700 State RI	Zip 02920	City	State	Zip
Manager Name Street Address			*Manager Name		
City	State	17:	Street Address		
		Zip	City	State	Zip
Agent Name	NI IN RHODE ISLAND	DO NOT ALTER- Cha	inges require filling of Fo	rm 642 - R.I.G.L. 7-16-11	
GARY DUVA  Address		<u> </u>	City		
56 PASTURE VIEW D	RIVE		CRANSTON	Zip 0292	20-

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



File Date	2.23.02
Check No.	1193
B <u>v:</u>	2
FOR SECR	ETARY 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 Authorized Person Date

GARY DUVA



Revised: 01/99

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335

#### LIMITED LIABILITY COMPANY

iD	Number 114089	Annual Report for the year _	3001
1.	The name of the limited liability compa	any is:	
2.	The address of the principal office of the pasture view drive, crans		
3. 4.	The state or other jurisdiction under the	e laws of which it is formed is: RHODE ISLAND  agent is: GARY DUVA, 56 PASTURE VIEW DRIVE, CRAN	STON. RI 02920
5.		limited liability company and the name or title of a 56 PASTURE VIEW DRIVE, CRANSTON, RI 02920.	
	state: REAL ESTATE RENTALS	the business in which the limited liability company is actually	y engaged in this
	Name  GARY DUVA	Address  56 PASTURE VIEW DRIVE, CRANSTON, RI 029	920
Date	6: 5/9/2002 5-13-02 0 K#	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and correct GREENWOOD PROPERTIES, LLC  Exact Name of Limited Liability Company  By	statements, and
	1 No. 632 ged: 01/99	MANAGER Title	