

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.

2005

(FORM MUST BE TYPED)			rung ree. \$50,00					
1. II) No 130091		t name of the limited liability company Realty, Llc.						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business whice PURCHASING, LEASE AND SALE OF REAL				•				
5. Principal office address			City	State		Zip		
26 Silver Spring Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				•				
William F. Donahue III				Contact Title				
Street Address				City	State		Zip	
26 Milver Spring Street				Providence	RI		02904	
				LITY COMPANY, IF APPLICABLE HMENTS ("X" BOX FOR ATTACHMENT) ING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name				
Street Address			Street Address					
Cuy		State	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address				Sirrei Address				
City	1	State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name TERESA M. DONAHUE, ESQ.			require filing of Form 642 - R.I.G.L. 7-16-11 Address					
Address				City Zip		Zιp		
11 CONNORS FARM DRIVE				SMITHFIELD 02917-		02917-		

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

File Date 9/15/05°130091°	
Check No. 3580	
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 before are true and correct.

9/15/05

Signature of Authorized Person

William F. Donahue III



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 461-222-3040

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) I/ID/Na2. Exact name of the limited habitity company 130091 WFD Realty, Lic 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island. **RHODE ISLAND** Purchasing, lease and sale of real estate and any other lawful purpose. 3. Principal office address City State 26 Silver Spring Street Providence 02904 RΙ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William F. Donahue III Street Address Cih 26 Silver Spring Street Providence 02904 RI 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 Nome Street Address Street Address CIVZiβ State ZpManager Name Manager Name Street Address Street Address CH110 ZipState 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 TERESA M. DONAHUE, ESQ. Address Zφ City 11 CONNORS FARM DRIVE **SMITHFIELD** 02917-

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File Date 10120 104
Check No _ 3553
Bv:
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Signature of Authorized Person Date

William F. Donahue III

Pent or Type Name of Authorized Person