



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 83194		2. Exact name of the limited liability company DeIPas Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CARL F. DELUCA		Contact Title	
Street Address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
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. 7-16-12 (a) (2) / 7-16-52			
Manager Name NONE		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filing of Form 642 R.I.G. 7-16-11			
Agent Name JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



FILED

DEC 29 2005

By

KMC
C85446

83194 DLLC 10/17/05 10:50:13 AM

File Date

Check No.

By

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 of Authorized Person

Date

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 83194		2. Exact name of the limited liability company DeiPas Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name CARL F. DELUCA Contact Title			
Street Address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



8 3 1 9 4

83194 DLLC 09/28/04 02:53:49 PM

File Date 11/8/04

Check No. 1164273

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 of Authorized Person

Date

James P. Redding

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)

1. ID No. 83194		2. Exact name of the limited liability company DeIPas Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name CARL F DELUCA Contact Title .			
Street Address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



8 3 1 9 4

83194 DLLC 10/09/03 02:07:04 PM
FILED
File Date
Check No. DEC 19 2003
By: By m14530
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 of Authorized Person

Date

James P. Redding

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *83194*		2. Exact name of the limited liability company DelPas Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CARL F DELUCA		Contact Title	
Street Address 1524 ATWOOD AVENUE		City JOHNSTON	State RI Zip 02919
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
Manager Name	Manager Name		
Street Address		Street Address	
City	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



* 8 3 1 9 4 *

83194 DLLC10/21/02 10:59:58 AM	
FILED	
File Date	NOV 07 2002
Check No.	By CC147130
By	
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 of Authorized Person James P. Redding Date 11/1/02
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 83194

Annual Report for the year 2001

1. The name of the limited liability company is:

DePas Realty, LLC

2. The address of the principal office of the limited liability company is:

1524 Atwood Avenue, Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES P. REDDING, ESQ.

1500 FLEET CENTER PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Carl DeLuca

1524 Atwood Avenue, Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company
- | Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated 10-15-01



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.

DePas Realty, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
File Date: 10-22-01

Check No.: 138937

By: [Signature]

By [Signature] Resident Agent

Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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 83194

Annual Report for the year 2000

1. The name of the limited liability company is:
DelPas Realty, LLC
2. The address of the principal office of the limited liability company is:
1524 Atwood Avenue, Johnston, RI 02919
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: James P. Redding, Esq.
1500 Fleet Center, Providence, RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Carl DeLuca
1524 Atwood Avenue, Johnston, RI 02919
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
None	

Dated , 2000

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.

FILED

DEC 18 2000

By JMD 132/36

DelPas Realty, LLC

Exact Name of Limited Liability Company

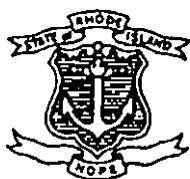
By

Resident Agent

Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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 83194

Annual Report for the year 1999

1. The name of the limited liability company is:
DeLPas Realty, LLC
2. The address of the principal office of the limited liability company is:
1524 Atwood Avenue, Johnston, RI 02919
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: James P. Redding, Esq.
1500 Fleet Center, Providence, RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Carl F. DeLuca, 1524 Atwood Avenue, Johnston, RI
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Dated March 20, 2000

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.

DeLPas Realty, LLC

Exact Name of Limited Liability Company

By

Resident Agent

Title

RECEIVED
MAR 21 2000
BY IND 126382

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1

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 0083194

Annual Report for the year 1998

1. The name of the limited liability company is: DelPas Realty, LLC
2. The address of the principal office of the limited liability company is:

1524 Atwood Avenue
Johnston, RI 02919
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: James P. Redding, Esq., 170 Westminster Street,
Suite 1000, Providence, RI 02903
5. The current mailing address of the limited liability company and the name or title of a
person to whom communications may be directed are: Managing Member, 1524 Atwood Avenue,
Johnston, RI 02919
6. A brief statement of the character of the business in which the limited liability company is actually
engaged in this state: Real Estate
7. If the limited liability company has managers, the name and address of each manager of the limited
liability company

Name

Address

Dated 10.7.98

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.

DelPas Realty, LLC

Exact Name of Limited Liability Company

By: Carl F. DeCruz

Managing Member

Title

Form No. LLC-1 9
Revised 8/97

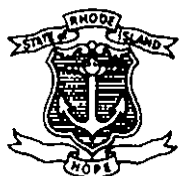
FILED

OCT 14 1998

By 2236

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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 0085194

Annual Report for the year 1997

1. The name of the limited liability company is:
Delpas Realty, LLC
2. The address of the principal office of the limited liability company is:
1524 Atwood Avenue, Johnston, RI 02919
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: James P. Redding, Esq.
170 Westminster, Suite 1000, Providence, RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Managing Member
1524 Atwood Avenue, Johnston, RI 02919 02919
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

~~James P. Redding~~

~~1524 Atwood Avenue, Johnston, RI 02919~~

Dated 10.1, 1997

FILED

OCT 10 1997

By [Signature] 10/9/97

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.

Delpas Realty, LLC

Exact Name of Limited Liability Company

By

[Signature]

~~James P. Redding~~

PRESIDENT

Title

State of Rhode Island and Providence Plantations
Office of the Secretary of State
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D. # 83194

Annual Report for the year 1994

FIRST: The name of the limited liability company is:

Delpas Realty, LLC

SECOND: The address of the principal office of the limited liability company is:

1524 Atwood Avenue

Johnston, RI 02919

THIRD: The state or other jurisdiction under the laws of which it is formed is:

RI

FOURTH: The name and address of its resident agent is:

James P. Redding, Esq.

170 Westminster, Suite 1000, Providence, RI 02903

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Manager

1524 Atwood Avenue, Johnston, RI 02919

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real Estate

Dated 10-7-94, 19

Delpas Realty, LLC

Exact Name of Limited Liability Company

FILED

OCT 08 1996

[Handwritten signature]

*By

Susan Rogue
Manager

Title

*To be signed in the manner required by the home state.