

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

	ED OR PRINTED IN BLA	CK)			
. <i>ID No.</i> 33194	2. Exact name of the lim DelPas Realty, LL	ited liabilty company			
State of Formation		= -	business which is actually conducted	in Rhode Island	_
RHODE ISLAND	REAL ESTA	re 			
. Principal office addre			City	State	Zip
1524 ATWOOD A			JOHNSTON	RI	02919
6. MAILING ADDI	RESS_OF_LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	OFCONTACTOPE	RSON:
CARL F. DELUC	A		•		
ireei Address			City	State	Zip 1
1524 ATWOOD AVENUE			. JOHNSTON	RI	02919
	FILL IN SE	ACES BEFORE USING	IMITED LIABILITY COM ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT	FOR ATTACHMENT) [18.6
fanager Name NONE			•Manager Name •		
Street Address			• Street Address		·····
City	State	Zip	*Ciry	State	Zip
<i>,</i>	Sidit		•		
Manager Name		• • • • • • • • • • •	*Manager Name		
itreet Address			•Street Address		
Ciry	State	Zip	City	State	Zip
RÉRESIDENT AGE	NTIN RHODE ISLAN	D.DO.NOT ALTER: Ch	ianges require filing of F	 - orm 642 - R.LG.L. 7	161600000000000000000000000000000000000
gent Name	in disk with right desire i realism assistant and i	art healar sine å skriver er tillakt hill	Address	in in the control of	<u> </u>
JAMES P. REDD	ING, ESQ.		1500 FLEET CEN	NTER	
Address			Ciry	7	Zip
			PROVIDENCE		02903
					DEC
					DEC
This report must be	e signed in ink by a	n authorized person i	pursuant to 7-16-66.		DEC
This report must be	e signed in ink by a	n authorized person į	pursuant to 7-16-66.		DEC
This report must be	e signed in ink by a	n authorized person j	pursuant to 7-16-66.		DEC
This report must be	e signed in ink by a	FILED			DEC
This report must be	e signed in ink by a	FILED DEC 2 9 200	5 Under penalty of p		PEC 29 PH 12: 11
	8 3 1 9 4	DEC 2 9 200	Under penalty of p	ng any accompanying s	Firm that I have examined schedules and statements,
	e signed in ink by a. 8 3 1 9 4	DEC 2 9 200	Under penalty of p this report, includi and that all statem		Firm that I have examined schedules and statements,
	8 3 1 9 4	DEC 2 9 200	Under penalty of p	ng any accompanying s	Firm that I have examined schedules and statements,
*83194 DLLC 10	8 3 1 9 4 0/17/05 10:50:13 AM	DEC 2 9 200	Under penalty of p this report, includi and that all statem	ng any accompanying sents contained herein a	Firm that I have examined schedules and statements,
*83194 DLLC 10.	8 3 1 9 4 0/17/05 10:50:13 AM	DEC 2 9 200	Under penalty of p this report, includi and that all statem	ng any accompanying sents contained herein a	Firm that I have examined schedules and statements, re true and correct.



83194

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DelPas Realty, LLC

2. Exact name of the limited liabilty company

Office of the Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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

3. State of Formation	4. Brief descript	ion of the character of t	he business which is actually conducted	I in Rhode Island	
RHODE ISLAND	REAL ESTA	re			
5. Principal office address			City	State	Zip
1524 ATWOOD AVEN	JE		JOHNSTON	RI	02919
	OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT P	ERSON:
Coniaci Name CARL F. DELUCA			Contact Title		
Street Address			City	State	Zip
1524 ATWOOD AVENU	ΙE		JOHNSTON	RI	02919
7. NAME AND ADDRE			LIMITED LIABILITY COM	PANY, IF APPLI	CABLE
		ACES BEFORE USIN		FOR ATTACHMENT)	
Manager Name	HODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMENT. • Manager Name	R.I.G.L /-16-12 (a) (2) / /-16-52
None			• manager Name		
Street Address			*Street Address		
			•		
City	State	Zip	Ciry	State	Zip
Manager Name		. l 	*Manager Name		
			Manager Name		
Strees Address			·Street Address		
City	State	I 2:-	City		17in
5.1.9	O. S. C.	Zip	•	State	Zip
8. RESIDENT AGENT IN	RHODE ISLAN	D DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.L.	7-16-11
Igent Name			Address		Mark and Commission of the Com
JAMES P. REDDING,	ESQ.		1500 FLEET CEN	TER	
Address			City		Zip
			PROVIDENCE		02903
This report must be sign	ned in ink by ar	authorized persor	n pursuant to 7-16-66.		
8 3	1 9 4				
					iffirm that I have examined
*02404 DI LO 20/02/0	4.00.50.40.514	. 		ng any accompanying ents contained herein	schedules and statements,
*83194 DLLC 09/28/0	4 02:53:49 PM" ∩に		1		7
File Date	<u> </u>	-	\		1
Check No. 1642	<u>†3</u>		Signature of Authoris	ed Person	Date
<u> </u>		_	Segon D F	Redding	
8 <u>y;</u>		—	Print or Type Name		
FOR SECRETARY OF STAT	E USE ONLY			1	Form 632 Rev. 6/0



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) I. ID No. 2. Exact name of the limited liabilty company 83194 DelPas Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE RHODE ISLAND 5. Principal office address Cin State Zip 1524 ATWOOD AVENUE JOHNSTON RI 02919 6: MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title CARL F DELUCA Street Address State Zip 1524 ATWOOD AVENUE . JOHNSTON RI 02919 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE, FILL IN SPACES BEFORE USING ATTACHMENTS TO ("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 None Street Address ·Street Address City State Zip ·City State Zip Manager Name Manager Name Street Address ·Sircei Address City Zip City State Zp8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filling of Form 642. R.I.GL 7-16-11 Address JAMES P. REDDING, ESQ. 1500 FLEET CENTER Address City Zip **PROVIDENCE** 02903

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



83194 DLLC 1049403 623:04 PM

File Date

Check No. DEC 1 9 2003

By M145 30

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

Joie

Form 632 Rev. 6/02



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 TYP	ED OR PI	RINTED IN BLACK)	9	•	•	
1. ID No. *83194*	2. Exac DelPa	t name of the limited. as Realty, LLC	liabilty company			
3. State of Formation RHODE ISLAND			of the character of the	business which is actually conduct	ed in Rhode Island	
5. Principal office add		L			16	
1524 ATWOOD A				City JOHNSTON	State RI	Zip 02919
6. MAILING ADD	RESS C	F LIMITED LIA	BILITY COMPA	NY AND NAME OR TITLE	E OF CONTACT	PERSON:
Contact Name CARL F DELUCA				Contact Title		
Street Address 1524 ATWOOD A	VENUE	<u></u>		City JOHNSTON	State	Zip
		OF FACH MAN	CED OF THE		RI	02919
A THAIRD AND AD	DKESS	FILL IN SPACE	S BEFORE USING	IMITED LIABILITY CON	MPANY, IF APPL (<i>FOR ATTACHMEN</i>)	JCABLE D∏
· <u>-</u> _	ANYM	ODIFICATIONS TO	MANAGERS REQU	RES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a)	(2) / 7-16-52
Monager Name				· Manager Name	· · · · · · · · · · · · · · · · · · ·	
Street Address				• Street Address	<u> </u>	
				•		
City	_	State	Zip	City	State	Zip
Manager Name	• • • •	J	l	Managara Nama		
				*Manager Name		
Street Address				·Strees Address		
City		State	Zip	City	State	Zip
				•		
8. RESIDENT AGE:	NT IN RI	ODE ISLAND D	O NOT ALTER- Ch	anges require filing of	Form 642 - R.I.C.	L. 7-16-11
JAMES P. REDD	ING, ES	SQ.		1500 FLEET CE	NTER	
Address			_ _	City	 -	Zip
<u></u>				PROVIDENCE		02903
This report must be	e signed	in ink by an aui	horized person p	oursuant to 7-16-66.		•
	8 3	1 9 4 *				affirm that I have examined
83194 DLLC10F	_8 6 6	59.58 AM		this report, includi	ng any accompanyin ents contained hereir	ng schedules and statements, in are true and correct.
Check No. NO		2002		Signature of Authorit	zed Person	Date
_{ву:} Ву	1414	7130		James P	Redding	
- <u></u>			I	/James P.V	Zeaoillo	

To be filed annually between September 1 and November 1

- S



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	DLLC	83194
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ID	Number DLLC 83194	Annual Report for the year 2001
1.	The name of the limited liability company is:	
	DelPas Realty, LLC	
2.	The address of the principal office of the lim	ited liability company is:
	1524 Atwood Avenue, Johnston, RI 0291	9
3.	The state or other jurisdiction under the laws	s 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 0	
5.	The current mailing address of the limited li	ability company and the name or title of a person to whom communications
	may be directed are: <u>Carl DeLuca</u>	
	1524 Atwood Avenue, Johnston, RI 0291	
6.		business in which the limited liability company is actually engaged in this
U.	state: Real estate	business in which the limited liability company is actually engaged in the
7.	If the limited liability company has managers Name	s, the name and address of each manager of the limited liability company Address
Da	ated	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
	FOR SECRETARY OF STATE USE ONLY Date: 22 - 0	Resident Agent 10 1 2 2 2
By:	eck No.: 138 937	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



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 <u>831944</u>	Annual Report for the year 2000
The name of the limited liability company is: DelPas Realty, LLC	
The address of the principal office of the lim 1524 Atwood Avenue, Johnston, RI 02919	
3. The state or other jurisdiction under the laws	s of which it is formed is: Rhode Island
 The name and address of its resident agent 1500 Fleet Center, Providence, RI 02903 	is: <u>James P. Redding, Esq.</u>
The current mailing address of the lim communications may be directed are: Ca 1524 Atwood Avenue, Johnston, RI 02919	
	business in which the limited liability company is actually engaged in this
7. If the limited liability company has manager Name	s, the name and address of each manager of the limited liability company Address
·.	
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.
FLED	DelPas Realty, LLC Exact Name of Limited Liability Company
DEC 1 8 2000	By Resident Agent
Form No. LLC-19 Revised 8/97	Title

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 N	umber	83194	Annual Rep	oort for the year	1999
1.	The nan	ne of the limited liability company is			
	DelPa	s Realty, LLC			
2.	The add	ress of the principal office of the lin	ited liability company is:		
	1524 A	Atwood Avenue, Johnston, RI 0291			
3.	The state	e or other jurisdiction under the law	of which it is formed is: Rhode I	sland	
4.	The nam	ne and address of its resident agent	is: James P. Redding, Esq.		 _
	1500 F	Fleet Center, Providence, RI 02903			
5.	The cur	rent mailing address of the lim	ted liability company and the nan	ne or title of a pe	erson to whom
	commu	nications may be directed are: _C	url F. DeLuca, 1524 Atwood Avenue, J	lohnston, RI	
7.	state:	Real Estate	ousiness in which the limited liability consiness in which the limited liability considers in the limited liability co	nager of the limited	
Dated	lMar	ch 20 , 20 <u>00</u>	Under penalty of perjury, I declare report, including any accompanying all statements contained herein are	schedules and sta	ave examined this tements, and that
		601 U.D	DelPas Realty, LLC Exact Name of Limited	Liability Company	
		MAR 2 1 2000	Ву		}
	No. LLC-19	DyffnD 126382	Resident Agent Title	7	
Revise	ed 8/97	\checkmark			

To be filed annually between September I and November I

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

	LIMITEI	LIABILITY COMPANY	
ID Number	0083194	Annual Report for the year	ar 1998
1. The name	e of the limited liability company i	is: DelPas Realty, LLC	
2. The address	ess of the principal office of the li	mited liability company is:	
	Atwood Avenue on, RI 02919		
3. The state	or other jurisdiction under the law	vs of which it is formed is:	Rhode Island
	e and address of its resident agent 00, Providence, RI 02903	is: James P. Redding, Esq.,	170 Westminster Street,
person to	ent mailing address of the limited lawhom communications may be din, RI 02919		title of a er, 1524 Atwood Avenue,
	atement of the character of the buin this state: Real Estate	siness in which the limited liabilit	y company is actually
7. If the limit liability co	ted liability company has manager ompany	s, the name and address of each n	nanager of the limited
	Name	Addr	ess
		enalty of perjury, I declare and af ort, including any accompanying s that all statements contained he	chedules and statements, and
		DelPas Realty, LL	
		Exact Name of Limited Liability	y Company
	Ву:	(Oal 7 Da Creso	Mrs.
	(0, 0) - (1)	Managing Membe	, ,
	· · · · · · · · · · · · · · · · · · ·	Title	1
Form No. LLC	C-1 9		

Form No. LLC-1 9 Revised 8/97

FILED

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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

	Number 0083194	Annual Report for the year 1997
1.		any is:
	DelPas Realty, LLC	
2.	The address of the principal office of t 1524 Atwood Avenue, Joh	
3.	The state or other jurisdiction under th	
4.	The name and address of its resident 170 Westminster, Suite	agentis: <u>James P. Redding, Esq.</u> 1000, Providence, RI 02903
	The current mailing address of the communications may be directed are: 15244 Atwood: Avenue Johnston	
	state: <u>Real Estate</u>	the business in which the limited liability company is actually engaged in this managers, the name and address of each manager of the limited liability
	company	
	Name	
	· · · · · · · · · · · · · · · · · · ·	Address **********************************

Form No. LLC-19 Revised 8/97

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

	ADILIT I COMPANY	
3194	Annual Report for the year	1994
1524 Atwood Avenue	• •	
Johnston, RI 02919		
The state or other jurisdiction under the	laws of which it is formed is:	
James P. Redding, Esq.	•••••••••••••••••••••••••••••••••••••••	
The current mailing address of the limit communications may be directed are:	ed liability company and the name or title of a per	son to whom
Manager		••••••
1524 Atwood Avenue, Johns	ton, @EI	••••••
state: Real Estate		
	*ByManager	
	DelPas Realty, LLC The address of the principal office of the 1524 Atwood Avenue Johnston, RI 02919 The state or other jurisdiction under the RI The name and address of its resident and James P. Redding, Esq., 170 Westminster, Suite 10 The current mailing address of the limit communications may be directed are: Manager 1.524 Atwood Avenue, Johns. A brief statement of the character of the state: Real Estate DelParational Avenue, 10 DelParational	The name of the limited liability company is: Del Pas. Real ty., LLC The address of the principal office of the limited liability company is: 1524 Atwood Avenue Johnston, RI 02919 The state or other jurisdiction under the laws of which it is formed is: RI The name and address of its resident agent is: James P. Redding, Esq., 170 Westminster, Suite 1000, Providence, RI 02903 The current mailing address of the limited liability company and the name or title of a per communications may be directed are: Manager 1524 Atwood Avenue, Johnston, RI 02919 A brief statement of the character of the business in which the corporation is actually enstate: Real Estate Del Pas Real ty, LLC Exact Name of Limited Liability Company By. LLC Exact Name of Limited Liability Company

and the second second

FORM LLC-19 7/95

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