

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 TYP							
1. ID No. 86793		name of the limited lia	bilty company				
3. State of Formation			the character of the business	s which is actually conducted in Rhi	ode Island		
RHODE ISLAND		REAL ESTATE M	NAGEMENT, SALE A	ND ACQUISITION.	JHC 7310/16		
5. Principal office addre	ess.			City	State	_	Zip
22 BENT ROAD				EAST PROVIDENCE	RI		00000
6. MAILING ADDI	RESS O	F LIMITED LIAB	LITY COMPANY AN	D NAME OR TITLE OF C	ONTACT	PERSON:	l
JOHN W CONLEY				Contact Title			
Street Address 22 BENT RD.				City EAST PROVIDENCE	State R I		<i>Zip</i> 02916-
7. NAME AND ADI		FILL IN SPACES	BEFORE USING ATTAC	ED LIABILITY COMPANY CHMENTS ("X" BOX FOR AT LING OF AMENDMENT. R.I.G.L	TACHMENT,		
Manager Name				•Manager Name	. 7*10*12 (a) (2)1 1-10-32	
Street Address			<u> </u>	• Street Address	·		
City		State	Zip	• City	State		7:-
				•	اعتدادا		Zip
Manager Name			' 	Manager Name		• • • • • • •	· · · · · · · · · · · · · · · · · · ·
Street Address				Street Address		<u> </u>	
City	_	State	Zip	City	State		Zip
8. RESIDENT AGEN	TINRH	ODE ISLAND -DO	VOT ALTER- Changes	require filling of Form	1 642 - R.I.G.L	. 7-16-11	
igent Name				Address			
WAYNE M. KEZIR	RIAN, E	SQ.		128 DORRANCE STREE	т		
Address			 _	City	-	Zip	
GAEBE & KEZIRI	IAN			PROVIDENCE 02903			
This report must be	signed (in ink by an autho	orized person pursuai	nt to 7-16-66.			
86793 DLLC 09/2 File Date 7	10/	1:20:32 PM		Under penalty of perjury, I this report, including any a and that all statements con Signalure of Authorized Personal John W. Conley	tained herein	schedules ar	d statements,
FOR SECRETARY OF S	TATE US	E ONLY		Print or Type Name of Authorized Person Forms -692 Rev. 6/0			



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. 2. Exact name of the limited liabilty company 86793 Conreal, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT, SALE AND ACQUISITION. RHODE ISLAND 5. Principal office address State Zio 22 BENT ROAD RI EAST PROVIDENCE 00000 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOHN W CONLEY Street Address City State Zip 22 BENT RD. .EAST PROVIDENCE RI 02916-7. 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 Street Address Street Address City State Zip Siate City Zio Manager Name Manager Name Street Address ·Street Address City State Zip State Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address WAYNE M. KEZIRIAN, ESQ. 128 DORRANCE STREET Address City 7.ip GAEBE & KEZIRIAN PROVIDENCE 02903 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 confinined herein are true and correct. *86793 DLLC 09/02/04 02:24:23 PM* File Date 1018 0 Check No. Signature of Authorized Person Dad John W. Conley Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

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Filing Period: Septe	IABIL	IIY COM	IPANY ANN	UAL REPORT FOR	THE Y	EAR		
(FORM MUST BE TYPE			I ming I'ee. 850.	00				
I. ID No.	2. Exact no	ame of the limited	liabilty company	-				
86793 Conreal, LLC								
3. State of Formation 4. Brief description of the character of the bus					hode Island			
RHODE ISLAND	F	REAL ESTATE	MANAGEMENT, SAI	LE AND ACQUISITION.				
5. Principal office addre	.ss			City	State	Zip		
22 BENT ROAD			EAST PROVIDENCE	RI	00000			
6. MAILING ADDI	RESS OF	Limited LLA	BILITY COMPAN	KAND, NAME OR TITLE OF	CONTACTI	ZERSON:		
Contact Name			Contact Title					
JOHN W CONLEY				•				
Street Address	. <u>-</u> -			City	State	Zip		
22 BENTJ RD.		.EAST PROVIDENCE	RI	02916-				
ANY MODIFICATIONS TO MANAGERS REQUIRE Manager Name			ES FILING OF AMENDMENT. R.I.G.L 7-16-12/(a) (2) / 7-16-52 • Manager Name					
Street Address		<u> </u>		Street Address				
				•				
City	Si	ate	Zip	City	State	Zip		
Manager Name			Manager Name					
Street Address			Street Address					
City	5.0	ale	Zip	City	State	Zip		
& RESIDENT AGEN	I'IN REO	DE ISLAND -D	ONOT ALTER-Cha	nges require filling of Form	642 -R:LC1	7-16-11		
Agent Name				Address				
WAYNE M. KEZIF	RIAN, ES	Q.		128 DORRANCE STRE	128 DORRANCE STREET			
Address			-	City				
GAEBE & KEZIR	IAN			PROVIDENCE 02903				

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

4.	
86793 DL File Date Check No.	LC 09/26/03 02:22:12 PM
By:	ARY OF STATE USE ONLY

Under penalty of perjury, 1 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

John W. Conley

? . P7



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

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

(FORM MUST BE TYP.	<u>ED O</u> R PRINTED IN BL	ACK)					
1. ID No.	2. Exact name of the li	mited liabilty company			-		
86793	Conreal, LLC						
3. State of Formation	4. Brief descri	ption of the character of the	e business which is actually conducted in SALE AND ACQUISITION.	Rhode Island			
RHODE ISLAND	KIM EST	TE PHINGERENI, 2	ALL AND ACQUISITION.				
5. Principal office addr	ess		City	State	Zip		
22 BENT ROAD			EAST PROVIDENCE	RI	02916		
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE O	F CONTACT F	ERSON:		
Contact Name			Contact Title				
JOHN W CONLEY			•				
Street Address	···		City	State	Zip		
22 BENT RD.			.EAST PROVIDENCE	RI	02916-		
manieandad.	FULL IN S	PACES BEFORE USING	LIMITED LIABILITY COMPA G ATTACHMENTS — ("X" BOX FOR JIRES FILING OF AMENDMENT. R.I.	CATTACUMENT)			
Manager Name			· Manager Name				
Street Address			*Street Address				
City	State	Zip	City	State	Zip		
Manager Name	J		Manager Name				
3620	The transfer of	ing a garati lefter ha le	The second of th	\$18. J. W. J. J. C. S	CONTRACTOR CONTRACTOR		
Street Address Ag 117		March 1918	View Street Address	10000000			
City	State	Zip	City	State	Ζip		
8. RESIDENT AGE	T IN RHODE ISLAN	ID -DO'NOT ALTER- CI	nanges require filing of For	m 642 . P.I.G.I	7.14.11		
Agent Name			Address	11 0-2 - Relieur	* 1-r0-11		
WAYNE M. KEZIRIAN, ESQ.			128 DORRANCE STR	128 DORRANCE STREET			
Address			City		Zip		
GAEBE & KEZIR	IAN		PROVIDENCE		02903		
					· = 		

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



86793 DLL	C9/4/021:42:30 PM
File Date	10.28-02
Check No.	1-08
By:	<u>a</u>
FOR SECRETA	RY 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

John W. Conley

Print or Type Name of Authorized Person

Filing Fee: \$50.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

ID	Number	DLLC86793	Annual Report for the year 2001
1.	The name	of the limited liability comp	any is:
2.		ss of the principal office of Road, East Providence	he limited liability company is: e, RI 02916
3. 4.	The name	and address of its resident	e laws of which it is formed is: Rhode Island agent is: Wayne M. Kezirian, Esq.
5.	The curre communicated 22 Bent A brief sta	ations may be directed are Road, East Providence tement of the character of	e limited liability company and the name or title of a person to who John W. Conley e, RI 02916 the business in which the limited liability company is actually engaged in the
7.	State.		nagers, list the name and address of each manager: Address
Da		i 1 18, 2002 2 - 5 2	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, at that all statements contained herein are true and correct. CONREAL, LLC Exact Name of Limited Liability Company
	•	2.02 CK# 8881 L	John W. Conley Member Tille

- Filing Fee: \$50.00

To be filed annually between September 1 and November 1

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 Telephone (401) 222-3040

ID	Number DLLC 86793	Annual Report for the year 2000	
1.	The name of the limited liability con	npany is:	
	Conreal, LLC		
2.	The address of the principal office of	of the limited liability company is:	
	22 Bent Rd , East Provi	dence, RI 02916	
3,	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND	
4.	The name and address of its reside	nt agent is: JOHN P. HARPOOTIAN, ESQ	
	PASTER & HARPOOTIAN, LTD. O	NE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 029	903
5.	The current mailing address of the I	imited liability company and the name or title of a person to whon	n communications
	may be directed are:lohn W	/ Conley	
		dence, RI 02916	
6.		of the business in which the limited liability company is actually	
	state: Purchase, sale, investm	ent and management of real property	
7.		nanagers, the name and address of each manager of the limited l Address	
Dat	ed <u>8/26/61</u>	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.	ve examined this statements, and
	8 6 7 9 3	Conreal, LLC Exact Name of Limited Liability Company	
File I	FOR SECRETARY OF THE USE ONLY	By Vohn Auberlin	
	k No.: AUG 22 2001	Member /	
By:	By (6# 169746)	Tite	Form No. 632

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

ID	Number LL 86793 Annual Report for the year 1999
1.	The name of the limited liability company is: Conreal, LLC
2.	The address of the principal office of the limited liability company is: 22 Bent Rd., East Providence, RI 02916
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: JOHN P. HARPOOTIAN, ESQ
	PASTER & HARPOOTIAN, LTD. ONE PROVIDENCE WASHINGTON PLAZA 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: John W. Conley 22 Bent Rd., East Providence, RI 02916
6. 7.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, Sale and Management of Real Property If the limited liability company has managers, the name and address of each manager of the limited liability company Name Name
	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. Conreal, LLC Exact Name of Limited Liability Company By Wember Title
y:	Lesseul Varles Form No. 632 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 Telephone (401) 222-3040

İD	Number LL 86793	Annual Report for the year 1998
1.	The name of the limited liability comp	pany is:
	Conreal, LLC	
2.	The address of the principal office of	the limited liability company is:
	22 Bent Road, East Provide	nce, R1 02916
3.	The state or other jurisdiction under t	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	t agent is: JOHN P. HARPOOTIAN, ESQ
	PASTER & HARPOOTIAN, LTD. ON	E PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI 02903
5.	The current mailing address of the	ne limited liability company and the name or title of a person to whom
	communications may be directed are	John W. Conley, 22 Bent Road, East Providence, RI 02916
	state: _acquire, own, develop	f the business in which the limited liability company is actually engaged in this , lease, sell and/or manage real estate and personal property anagers, the name and address of each manager of the limited liability company Address
Date F File I	* 8 6 7 9 3 * OR 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. Conreal, LLC Exact Name of Limited Liability Company
	k No.: 187	By Christial on ling
Ву:	WP	John W. Conley, Member 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 Nur	nber <u>0086793</u>	Annual Report for the year	1	997
1.	The name of the limited liability compa	any is:	Dec 29	850854 850854 850854
2.	The address of the principal office of the 22 Bent Road, East Providence	he limited liability company is:	11 30 Al	1036 15 1036 15 1036 15
3.	The state or other jurisdiction under th	e laws of which it is formed is: Rhode Island	79	ATE .
4.	The name and address of its resident Providence Washington Plaza, Providence	agent is: <u>John M. Harpootian. Esq. Paster & Harpo</u>		
5.		e limited liability company and the name or title of a 22 Bent Road, East Providence, RI, Attn: John W. Conle		
6.	A brief statement of the character of state: Real estate management, sale	the business in which the limited liability company is actual and acquisition		-
7.	If the limited liability company has recompany Name	managers, the name and address of each manager of a	the lim	ited liability
	John W. Conley	22 Bent Road, East Providence, RI		·
Dated _	Dec 17 1997	Under penalty of perjury, I declare and affirm that I har report, including any accompanying schedules and that all statements contained herein are true and corre	staten	mined this nents, and
<i>3</i> 0	PAID DEC 3 0 1997 SECRETARY OF STATE	Exact Name of Limited Liability Company By	/	•
		Manager (Title)		

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

LLC I.D # 86793

Annual Report for the year 1996

FIRST:	The name of the limited trability company is: Conreal, LLC
SECOND:	The address of the principal office of the limited liability company is:
	22 Bent Road, East Providence, RI 02916
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island
FOURTH:	The name and address of its resident agent is: Adler Pollock & Sheehan, 2300 Hospital Trust Tower, 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: 22 Bent Road, East Providence, RI 02916 Attn: John W. Conley
SIXTH	: A brief statement of the character of the business in which the corporation is actually engaged in this state Real estate purchase, development, management and sale
Dated	19 96 CONREAL, LLC Exact Name of Limited Liability Company
File Date:	12/19/90 By Califorday

FORM LLC-19 7/95

