



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. 86793 | | 2. Exact name of the limited liability company Conreal, 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 MANAGEMENT, SALE AND ACQUISITION. | |
| 5. Principal office address 22 BENT ROAD | | City EAST PROVIDENCE | State RI Zip 00000 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JOHN W CONLEY | | Contact Title | |
| Street Address 22 BENT RD. | | City EAST PROVIDENCE | State RI Zip 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) <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 WAYNE M. KEZIRIAN, ESQ. | | Address 128 DORRANCE STREET | |
| Address GAEBE & KEZIRIAN | | City PROVIDENCE | Zip 02903 |

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



8 6 7 9 3

| | |
|-----------------------------------|----------------|
| *86793 DLLC 09/22/05 01:20:32 PM* | |
| File Date | 9/22/05 |
| Check No. | 393 |
| By: | John W. Conley |
| 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: John W. Conley
Date: 9/22/05
Print or Type Name of Authorized Person: John W. Conley



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. 86793 | | 2. Exact name of the limited liability company Conreal, 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 MANAGEMENT, SALE AND ACQUISITION. | |
| 5. Principal office address 22 BENT ROAD | | City EAST PROVIDENCE | State RI |
| | | Zip 00000 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JOHN W CONLEY | | Contact Title | |
| Street Address 22 BENT RD. | | City EAST PROVIDENCE | State RI |
| | | Zip 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) <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 | State | Zip | Manager Name |
| Street Address | | Street Address | |
| City | State | Zip | City |
| State | | State | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name WAYNE M. KEZIRIAN, ESQ. | | Address 128 DORRANCE STREET | |
| Address GAEBE & KEZIRIAN | | City PROVIDENCE | Zip 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 contained herein are true and correct.

Signature of Authorized Person

John W. Conley

Print or Type Name of Authorized Person

Date

86793 DLLC 09/02/04 02:24:23 PM

File Date 10/18/04

Check No. 229

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. 86793 | | 2. Exact name of the limited liability company Conreal, 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 MANAGEMENT, SALE AND ACQUISITION. | |
| 5. Principal office address 22 BENT ROAD | | City EAST PROVIDENCE | State RI |
| | | Zip 00000 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JOHN W CONLEY | | Contact Title | |
| Street Address 22 BENTJ RD. | | City EAST PROVIDENCE | State RI |
| | | Zip 02916- | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. CY BOX FOR ATTACHMENT 2 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 | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name WAYNE M. KEZIRIAN, ESQ. | | Address 128 DORRANCE STREET | |
| Address GAEBE & KEZIRIAN | | City PROVIDENCE | Zip 02903 |

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



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| | |
|-----------------------------------|----------|
| *86793 DLLC 09/26/03 02:22:12 PM* | |
| File Date | 11/28/03 |
| Check No. | 683 |
| 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 11/15/03
John W. Conley
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. *86793* | | 2. Exact name of the limited liability company Conreal, 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 MANAGEMENT, SALE AND ACQUISITION. | | | |
| 5. Principal office address 22 BENT ROAD | | City EAST PROVIDENCE | | State RI | Zip 02916 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name JOHN W CONLEY | | Contact Title | | | |
| Street Address 22 BENT RD. | | City EAST PROVIDENCE | | State RI | Zip 02916- |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FULL 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 | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name WAYNE M. KEZIRIAN, ESQ. | | Address 128 DORRANCE STREET | | | |
| Address GAEBE & KEZIRIAN | | City PROVIDENCE | | Zip 02903 | |

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



* 8 6 7 9 3 *

| | |
|---------------------------------|--------------------|
| *86793 DLLC9/4/021:42:30 PM* | |
| File Date | 10.28.02 |
| Check No. | 508 |
| By: | <i>[Signature]</i> |
| 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] 10/11/02
Signature of Authorized Person Date
John W. Conley
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

LIMITED LIABILITY COMPANY

ID Number DLLC86793

Annual Report for the year 2001

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 Road, 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: Wayne M. Kezirian, Esq.
128 Dorrance Street, 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 Road, East Providence, RI 02916
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, sale, investment and management of real property
7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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.

Date: April 18, 2002

CONREAL, LLC

Exact Name of Limited Liability Company

5-2-02

CK# 8881

By

John W. Conley

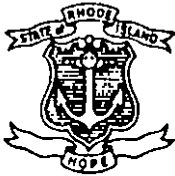
Member

Title

2

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 DLLC 86793

Annual Report for the year 2000

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. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, sale, investment and management of real property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated 8/20/01



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.

Conreal, LLC

Exact Name of Limited Liability Company

By John W. Conley

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No.:

AUG 22 2001

By:

By 269796

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



PAID

FOR SECRETARY OF STATE USE ONLY

File Date: NOV 12 1999

Check No.: SECY OF STATE

By:

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

Member

Title

Form No. 632
Revised 01/99

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 LL 86793

Annual Report for the year 1998

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 Road, 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 Road, East Providence, RI 02916

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquire, own, develop, lease, sell and/or manage real estate and personal property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated _____, 19____



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FOR SECRETARY OF STATE USE ONLY

File Date: 9.4.98

Check No.: 187

By: UP

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: John W. Conley

John W. Conley, Member

Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

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 0086793

Annual Report for the year 1997

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 Road, East Providence, RI
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 M. 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: 22 Bent Road, East Providence, RI, Attn: John W. Conley, Manager
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate management, sale and acquisition

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

| Name | Address |
|-----------------------|--|
| <u>John W. Conley</u> | <u>22 Bent Road, East Providence, RI</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

Dated Dec 17, 1997

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

PAID

DEC 30 1997

SECRETARY OF STATE

CONREAL, LLC

Exact Name of Limited Liability Company

By John W. Conley

Manager

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
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 liability 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: | <u>12/19/96</u> |
| Check No: | <u>1746663</u> |
| By: | <u>140</u> |
| For Secretary of State Use Only | |

*By

John W. Conley

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

Title Manager