



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. 128093		2. Exact name of the limited liability company MASSE REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING COMPANY			
5. Principal office address 1111 Taunton Avenue		City East Providence	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul Masse			Contact Title Member		
Street Address 1111 Taunton Avenue		City East Providence	State RI	Zip 02914	
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	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 GELFUSO & LACHUT, INCORPORATED			Address		
Address 1193 RESERVOIR AVENUE		City CRANSTON	Zip 02920		

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



\*128093\*

File Date	10/6/05
Check No.	10119
By:	Cb
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  
Paul R. Masse  
Date  
9/21/05  
Print or Type Name of Authorized Person



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**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. <b>128093</b>		2. Exact name of the limited liability company <b>MASSE REALTY, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REALTY HOLDING COMPANY</b>	
5. Principal office address <b>1111 Taunton Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Paul Masse</b>		Contact Title <b>Member</b>	
Street Address <b>1111 Taunton Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914</b>	
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 <b>n/a</b>		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 <b>GELFUSO &amp; LACHUT, INC.</b>		Address	
Address <b>1193 RESERVOIR AVENUE</b>		City <b>CRANSTON</b>	Zip <b>02920-</b>

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



\* 1 2 8 0 9 3 \*

File Date	<b>10/27/04</b>
Check No.	<b>8458</b>
By:	<b>[Signature]</b>
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]**  
Signature of Authorized Person  
Date  
**Paul Masse, Member**  
Print or Type Name of Authorized Person



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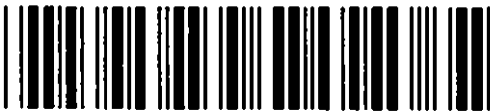
# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>128093</b>		2. Exact name of the limited liability company <b>MASSE REALTY, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Realty Holding Company</b>			
5. Principal office address <b>1111 Taunton Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Paul Masse</b> Contact Title <b>Member</b>					
Street Address <b>1111 Taunton Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
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 <b>n/a</b>		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 <b>GELFUSO &amp; LACHUT, INC.</b>		Address			
Address <b>1193 RESERVOIR AVENUE</b>		City <b>CRANSTON</b>		Zip <b>02920</b>	

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



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File Date	<b>12-15-03</b>
Check No.	<b>7483</b>
By:	<b>2</b>
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 **11/13/03**  
**PAUL R. MASSE, President**  
Print or Type Name of Authorized Person