

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

1. ID No. 128093 MASSE REALTY, LLC 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in khode Island REALTY HOLDING COMPANY 5. Principal office audiress City State 11.11 Taunton Avenue East Providence 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Member Street Address City State 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHM ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OP AMENDMENT, R.I.G.L. 7-16. Manager Name Street Address Stre	RI 02914 RI 02914 RI 02914 ENT) [] 2 (a) (2) / 7-16-52			
RHODE ISLAND REALTY HOLDING COMPANY 5. Principal office address 1111 Taunton Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Paul Masse City Contact Title Member Street Address 1111 Taunton Avenue 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHM ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16- Manager Name Street Address Street Address Street Address Street Address Street Address	RI 02914 RI 02914 ENT)			
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FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHM ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16- Manager Name Street Address City State Zip City State	ENT) [] 2 (a) (2) / 7-16-52			
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Manager Name	Ζφ			
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City State Zip City State	Ζφ			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.I Agent Name GELFUSO & LACHUT, INCORPORATED	7:16:11			
1193 RESERVOIR AVENUE CRANSTON	Zip 02920-			

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

	128093	*128093 *		
File Date	. 10/0/05			
Check N	0			
Ву:	Co			
	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 horein are true and correct.

Signature of Authorized Person

Date

Paul R. Masse

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

(FORM MUST BE TYP	ED OR PRINTED IN BLACK		0.00				
1. ID No.	2. Exact name of the lin	nticd liability company					
128093	MASSE REALTY, I				. •		
3. State of Formation	4. Brief descri	ption of the character of the b	nistness which is actually conducted in Rhode.	Island · Jana			
RHODE ISLAND REALTY HOLDING COMPANY					•		
5. Principal office add	nsc		City	State	Zip		
1111 Taunton Avenue			East Providence	7.7	i '		
6. MAILING ADD	RESS OF LIMITED LIA	BILITY COMPANY AN	D NAME OR TITLE OF CONTACT P	RI RI ERSON:	l 02914		
Contact Name			: Contact Title				
	1 Masse	_	Memb	er			
Strict Address			City	State	Zíp		
1111 Taunto			East Providence	RI	02914		
7. NAME AND AD	DRESS OF EACH MAN	AGER OF THE LIMITE	ED LIABILITY COMPANY, IF APPLIC	CABLE	, 52,21		
	FILI. IN :	SPACES BEFORE USIN	G ATTACHMENTS ("X" BOX FOR IRES FILING OF AMENDMENT, R.I.	ATTACHMENT	(2) (7.16.52		
Manager Name		•	Manager Name	O.L. 7-10-12 (u	7 (2) 7 7-10-92		
n/a			morage vame				
Street Address							
oncer mares			Street Address				
City	State	Zyp	City	State	Zip		
Manager Name			Manager Name				
Sinci Address			Street Address	Street Address			
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8. RESIDENT AGE	I NT IN RHODE ISLANI	, I D'. DO NOT ALTER . C	i hanges require filing of Form 64	 			
Agent Name		o Di NOT RETER : C	Address	2 - K.I.G.L. 7-16)•11		
GELFUSO & LACHI	UT. INC.						
Address			City		Zip		
1193 RESERVOIR AVENUE		CRANSTON	CRANSTON				
					,		

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



File Date 10/27/04
Check No. 8458
Ву:
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

Paul Masse, Member

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

1 ID No.	2. Exact name of the limit	TED IN BLACK) name of the limited liability company					
128093	MASSE REALTY	MASSE REALTY, LLC					
3. State of Formation	4. Brief descript	4. Brief description of the character of the histness which is actually conducted in Rhode Island					
RHODEISLAND: Realty Holding Compa			any				
5 Principal office address 1111 Taunton Avenue			East Providence	State R I	21p 02914		
		ILITY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:	•		
Contact NamePaul	Masse		Contact Title Member				
itreet Address			: City	State	Zip		
1111	Taunton Aven	ue	East Providence		02914		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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	.12-15-03
File Date _	
Check No.	7483
Ву:	<u>a</u>
E	OR SECRETARY OF STATE HSE ONLY

Under penalty of perjury, I declare a including any accompanying schedu contained herein are true and correc	iles and state			
Park			11/13	/ ₀₃
Signature of Authorized Person		Date	7 1	