

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

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

T. ID No.	2. Exact n	TED IN BLACK) name of the limited liability company							
128494		REALTY II, LLC							
3. State of Formation	<u> </u>	4. Brief description of the character of the husiness which is actually conducted in Rhode Island							
RHODE ISLAND TO ENGAGE IN TH EBUSINESS OF RE				EAL ESTATE DEVELOPMENT					
5. Principal office address				City	State	Zip			
384-392 Wes	t Avenue	:		Pawtucket	RI	02860			
6. MAILING ADD	RESS OF LI	MITED LJABIL	ITY COMPANY AND N	AME OR TITLE OF CONTACT PE					
Contact Name				Contact Title	- 				
Michael H.	Bennett	_		Manager					
Siner Address				City	State	Zip			
15 Bassett	Circle			East Greenwich	RI	02818			
7. NAME AND AD	DRESS OF	EACH MANAG	ER OF THE LIMITED I	LIABILITY COMPANY, IF APPLIC	ABLE				
		FILL IN SPA	CES BEFORE USING A	TTACHMENTS ("X" BOX FOR	ATTACHMENT)				
I	ANY MODIF	ICATIONS TO	MANAGERS REQUIRE	S FILING OF AMENDMENT, R.I.	G.L. 7-16-12 (a) (2)	<u>/ 7-16-52</u>			
Manager Name				Munager Name	,	/			
Michael H.	Bennett								
				Street Address		···			
Street Address	041-								
Sirect Address 15 Bassett	Circle								
15 Bassett		State	<i>Ζ.</i> φ	City	State	Zip			
15 Bassett		State RI	Ζιρ 02818	City	State	Zip			
15 Bassett City East Greenw			1 *	City Manager Name	State	Zip			
15 Bassett City East Greenw Manager Name			1 *		State	Zip			
15 Bassett City East Greenw Manager Name			1 *		State	Zip			
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15 Bassett City East Greenw Manager Name Street Address City	vich	RI State	02818 Zip	Manager Name Sircei Address City	State				
15 Bassett City East Greenw Manager Name Street Address City: B. RESIDENT AGE	vich	RI State	02818 Zip	Manager Name Street Address City nges require filing of Form 642	State				
15 Bassett City East Greenw Manager Name Street Address City 8. RESIDENT AGE	vich	RI State	02818 Zip	Manager Name Sircei Address City	State				
15 Bassett City East Greenw Manager Name Street Address City B. RESIDENT AGE Agent Name	vich	RI State	02818 Zip	Manager Name Street Address City nges require filing of Form 642	State				
City East Greenw Manager Name Street Address City	vich	RI State	02818 Zip	Manager Name Street Address City nges require filing of Form 642	State				

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

File Date	10/14/05 128494	
Check No.	367	
Ву:	Cu	
	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.

Sanature of Authorized Person

Date

Principle Bloom Manner of Statement of Present



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: Sep	tember 1 - November	I • Filing Fee: \$5	0.00					
(FORM MUST BE TY	PED OR PRINTED IN BL	ACK)						
1. ID No.		t name of the limited liabilty company						
128494 ACME REALTY II, INC.								
3. State of Formation	4. Brief descri	ption of the character of the	business which is actually conduc	ted in Rhode Island				
RI		ge in the busi	ness of real estat	s of real estate development.				
5. Principal office add	lress .		City	State	Zip			
384-392 West	Avenue		Pawtucket	RI	02860			
6. MAILING ADI Contact Name	ORESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITL	E OF CONTACT PE	RSON:			
Michael H.	Bennett		· Manager					
Street Address			City	State	Zip			
68 Castle R	locks Road		· Warwick	RI	02886			
Manager Name Michael H. B	ANY MODIFICATION:	PACES BEFORE USING TO MANAGERS REQU	RES FILING OF AMENDMENT Manager Name	(FOR ATTACHMENT) [R.I.G.L 7-16-12 (a) (2)]-7-16-52.			
Sirvei Address 68 Castle Ro	15 Bassett eks Road	Circle	* Street Address					
City East Green Warwiek Manager Name	State RI	2ip 02 818 02886	City Manager Name	State	Zip			
Street Address			· Street Address					
City	State	Zip	City	State	Zip			
Agent Name		I ID-DO NOT ALTER- Ch	anges require filing of	 Form 642 - R.I.GL::7	(-16-11 · · · · · · · · · · · · · · · · · ·			
Address	ZKIICI LSQ.		City		Zip.			
572 Main Street			Warren, RI	'				
1geni Name Thomas E. Wr Address	ight, Esq.	D-DO NOT ALTER- Ch	Address		Zip			

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

File Date	9	29/04
Check No.		232
В <u>у:</u>		DA
FOR SECRET	TARY OF S	TATE 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

Michael H. Bennett

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 Procidence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __ Filing Period: September 1 - November 1 - Filing Fee: \$50.00

2003

FORM MUST E	BE TYPED OR PRIN	TED IN BLACK)						
1 10 No. 128494	2 Exact	t name of the timiled hability company ACME REALTY II, LLC						
3 State of Form	ration	4. Brief description of ti	be character of the business jeb	ich is actually conducted in Rhode Island	!		_	
RHODE ISL	AND	To engage in lawful purpo		f real estate develop	ment and	i any oti	ner	
5. Principal office address				(,00	State Zap			
384-3	92 West Ave	nue		Pawtucket	RI		02860	
6. MAILING	ADDRESS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	I ON:			
Goddel Name				Contact Tele	.,			
Micha	el H. Benne	ett		Member/Manager				
street Address		<u> </u>	<u> </u>		State		Zip	
68 Ca	stle Rocks	Road		Warwick	RI		02886	
7 NAME AN	TO ADDRESS OF	E BACH MANACED	OE TUE LIMITED ****	: ILITY COMPANY, IF APPLICAB	 		I	
/ IVAMI. A.	O ADDRESS OF		OF THE LIMITED LIAB S BEFORE USING ATTAC					
	ANY MODI			LING OF AMENDMENT, R.I.G.I.			-52	
Manager Name			•	Manager Name	. ,	, (<u>-</u>),	<i>,</i> -	
,	Michael H.	Bennett		- intractive setting				
<u> </u>								
Micel Address	68 Castle	Rocks Road		Street Address				
			·-					
City	Warwick	State RI	^{Zφ} 02886	Citi	State		Zip	
· • • • • • • • • • • • • • • • • • • •	****************							
Manager Name	i			Manager Name	•			
Street Address				Stret Address				
Car		Sinte	Zip	City	State		Ζφ	
8. RESIDEN	T AGENT IN RH	IODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 - :	R.I.G.L. 7-1	6-11		
Agent Name				Address				
THOMAS E. V	NRIGHT, ESQ.							
Zddr _{ess}				City		Zφ		
572 MAIN ST	REET			WARREN		02885-		
				<u> </u>		I		

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

*			9	

File Date	9-29-03
Check No	121
Bs	20
ľ	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.

Surpline of Authors, ed Person Date

Print or Type Name of Authorized Person :