

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 VEAR 2005

Filing Period: Sept	tember 1 -]	Yavember 1 🐠	Filing Fee: \$50.00	AL KEPORT	FOR THE Y	EAR	
(FORM MUST BE TYP	PED OR PRIM	TED IN BLACK	1 mng 1 ee. \$30.00				
7. ID No. 2. Exact name of the limited lightly company							
110295	DRB Realty, LLC						
3. State of Formation	4.	Brief description o	f the character of the husi	ness which is actually condu			
RHODE ISLAND	,	OMMERCIAL RE	PAL ESTATE RENTA	LS	rcieu in Knode Island		
5. Principal office addi	ress			Cini			
50 ST. GEORGE	COURT			City WARWICK	State RI		<i>Zip</i> 02888-
6. MAILING ADD	RESS OF	LIMITED LIAI	BILITY COMPANY	AND NAME OR TITI	LE OF CONTACT I	PEDSON.	
Contact Name LEO LEROUX				Contact Title	an or contact	ERSON:	
Street Address				City	State		
2095 ELMWOOD	AVE. PO	BOX 81066		WARWICK	RI		Zip
7. NAME AND AD	DRESS OF	FACH MANA	CER OF THE LAM	ITED LIABILITY CO			02888-
		LIPE IN STACE	S BEFURE USING ATT	FILING OF AMENDMEN	OX FOR ATTACUMENT	` M	
Manager Name				· Manager Name	(4)	277 7-10-32	
David Brindle				•			
Street Address				· Street Address			
50 St. George	Street			• • • • • • • • • • • • • • • • • • •			
City	Sid	ite	Zip	*City	16		<u>_</u>
Warwick	R	I	02888	,	State		Zip
Manager Name		• • • • • • •		Manager Name	• • • • • • • • • • • • • • • • • • • •	J	• • • • • • • • •
Street Address				*Sireet Address			
				· Sircei Address			
City	Sto	le	Zip	City			
				•	State	['	Zip ————
8. RESIDENT AGEN	T IN RHO	DE ISLAND .00	NOT ALTER Chans	es require filing of			
Agent Name			MOT ALTER- Chang	Address	Form 642 - R.I.G.I.	. 7-16-11	· · · · · · · · · · · · · · · · · · ·
WAYNE M. KEZIF	RIAN ESC	1		1			
Address		·		128 DORRANCE	STREET .		
				City		Zip	
				PROVIDENCE		02903-	
				 			

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



110295 DI	LC 09/22/95 10:06:03 AM
File Date	9/29/05
Check No	1057
B <u>v.</u>	ah
FOR SECRETA	ARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I have examined	
his report, including any accompanying schedules and statements.	
and that all statements contained herein are true and correct.	

Signature of Authorized Rosson

9/28/0S

David Brindle

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1711700	PRINTED IN BLACK) Kact name of the limited	iabilty company			
	B Realty, LLC				
3. State of Formation PHODE ISLAND	4. Brief description of COMMERCIAL R	the character of the	e business which is actually conducte	ed in Rhode Island	
RHODE ISLAND	COMMERCIAL R	ME ESTATE RE	INTALS		
5. Principal office address 50 ST. GEORGE COU			City	State	Zip
			WARWICK	RI	10000
Contact Name	OF LIMITED LIA	BILITY COMPA	NY AND NAME OR TITLE	OF CONTACT	PERSON:
LEO LEROUX			Contact Title		
Street Address 2095 ELMWOOD AVE.	DO DOY DIAGO		City	State	Zip
			. WARWICK	RI	10000
O DAME AND ADDRES	5 OF EACH MANA FILL INSPACE	GER OF THE I	LIMITED LIABILITY COM ATTACHMENTS ("X" BOX	1PANY, IF APPL	ICABLE .
ANY		DELOKE OBING	RES FILING OF AMENDMENT.	EAD ATTACKNOONS	
9			• Manager Name	~ LO.L 1-10-12 (8) (4) I I-16-52
David Brindle			•		
Street Address			Street Address		
50 St. George Stre	State		<u> </u>		
Warwick	RI	<i>Zip</i> 02888	*City	State	Zip
Manager Name			Manager Name		
ireei Address			• · · · · · · · · · · · · · · · · · · ·		
nicci Address			·Street Address		
City	State	Zip	City		
		`	•	State	Zip
RESIDENT AGENT IN F	RAODE ISLAND -DO	NOT ALTER- Ch	anges require filing of F	orm 642 - R.I.G.I.	. 7-16-11
			Address		
VVAYINE NA MEZIDIALI	E3U.	<u> </u>	128 DORRANCE S	TREET	
			Cinc		Ta. —
			City		Zip
			PROVIDENCE		02903-
ddress	d in ink by an auth	orized person p	PROVIDENCE		ľ
ddress	d in ink by an auth	orized person p	PROVIDENCE		ľ
this report must be signed 1 1 0 110295 DLLC 10/14/04 File Date 10 18	2 9 5	orized person p	Under penalty of per this report, including and that all statement with the statement of th	g any accompanying its contained herein. Bull	ffirm that I have examined schedules and statements.
his report must be signed 1 1 0	2 9 5	orized person p	PROVIDENCE ursuant to 7-16-66. Under penalty of perthis report, including	g any accompanying its contained herein. Bulled A Person	ffirm that I have examined schedules and statements.



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

LIMITED L		* INSTACTOR DOUGH	UU				
(FORM MUST BE TY	PED OR PRINTED IN BL	ACR)					
1. 1D No. 110295	2. Exact name of the li DRB Realty, LLC	name of the limited liability company Realty, LLC					
3. State of Formation	4. Brief descri	ption of the character of the bi	usiness which is actually conduc	and in Dhada Yaland			
RHODE ISLAND			_estate rental				
50 ST. GEORGE COURT			City WARWICK	State R T	<i>Zip</i> 02888-		
6. MAJLING ADD	RESS OF LEMITED	LIABILITY COMPAN	Y AND NAME OR TITL	P. OF CONTACTO	ND (20 h)		
Contact Name LEO LEROUX			Contact Title	u or contact r	ERSON:		
Street Address 2095 ELMWOOD	AVE. PO BOX 81	066	City WARWICK	State RI	<i>Zip</i> 02888-		
· - 	with Thi O	INCES DEPORE UNING A	MILIED LIABILITY COL Trachniems ("X" Box ES FILING OF AMENDMENT	C DO A III A Armen & Arlanda Armana and Armana			
David Brindle	ANY MODIFICATIONS	INCES DEPORE UNING A	TIACHNIENIS ("X" BOX ES FILING OF AMENDMENT. Manager Name	C DO A III A Armen & Arlanda Armana and Armana			
David Brindle Greet Address 5400 Ocean Bl	ANY MODIFICATIONS	INCES DEPORE UNING A	TTACHMENTS: ("X" BOX ES FILING OF AMENDMENT	C DO A III A Armen & Arlanda Armana and Armana			
David Brindle Greet Address 5400 Ocean Bl City Sarasota	ANY MODIFICATIONS	ETO MANAGERS REQUIRE	TTACHMENTS: ("X" BOX ES FILING OF AMENDMENT. Manager Name .	C DO A III A Armen & Arlanda Armana and Armana			
David Brindle Street Address 5400 Ocean Bl City Sarasota	vd., Apt. 3-2	S.TO MANAGERS REQUIRE	TTACHMENTS: ("X" BOX ES FILING OF AMENDMENT. Manager Name Street Address	(POR 4)TAČHMENI) R.I.G.L.7-16-12 (a) (2	, □.)Ŷ 7±16-52		
David Brindle Street Address 5400 Ocean Bl City Sarasota Manager Name	vd., Apt. 3-2	ETO MANAGERS REQUIRE	ES FILING OF AMENDMENT. Manager Name Street Address City	(POR 4)TAČHMENI) R.I.G.L.7-16-12 (a) (2	, □.)Ŷ 7±16-52		
David Brindle Freet Address 6400 Ocean Bl Tity Garasota Annager Name	vd., Apt. 3-2	ETO MANAGERS REQUIRE	City Manager Name City Manager Name	(POR 4)TAČHMENI) R.I.G.L.7-16-12 (a) (2	, □.)Ŷ 7±16-52		
David Brindle Incet Address 400 Ocean Bl iny Earasota Innager Name Incet Address	ANY MODIFICATIONS vd., Apt. 3-2 State FL State	Zip 34242-3329	City Street Address City	State State	Zip		
Pavid Brindle freet Address 400 Ocean Bl Grity arasota fanager Name freet Address	ANY MODIFICATIONS vd., Apt. 3-2 State FL State	Zip 34242-3329	City Street Address City Street Address City City City	State State	Zip		
David Brindle Ineet Address 1400 Ocean Bl Tity Sarasota Inanager Name Ineet Address Treet Address Treet Address	ANY MODIFICATIONS vd., Apt. 3-2 State FL State NT IN RHODE ISHAN	Zip 34242-3329	City Street Address City Street Address City Address City Address	State State State	Zip		
David Brindle Greet Address G400 Ocean Bl Garasota G	ANY MODIFICATIONS vd., Apt. 3-2 State FL State NT IN RHODE ISHAN	Zip 34242-3329	City Street Address City Street Address City City City	State State State	Zip Zip 7:16-52		
City Sarasota Manager Name Treet Address City	ANY MODIFICATIONS vd., Apt. 3-2 State FL State NT IN RHODE ISHAN	Zip 34242-3329	**City **Street Address **City **Manager Name **Street Address **City **Manager Name **Street Address **City **Address 128 DORRANCE S	State State State	Zip		

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

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*110295 DLL	C 09/26/03 12:57:50 PM	٦
File Date	12/18/13	ı
Check No	1027	
Ву:	110	
FOR SECRETARY	Y 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



David Brindle



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 VEAR 2002

Filing Period: September (FORM MUST BE TYPED OR	1 - Novemper 1	Fulling Fee: \$50.00	AL REPORT F	OR THE YEA	R
1. 1D No. 2. Exc	act name of the limits Realty, LLC	ited liabilty company		<u></u>	
3. State of Formation		on of the character of the busi	ness which is actually conduct	lad in Phode Island	
RHODE ISLAND		, , , , , ,	Services & Schally Conducti	eu in Knoue Islana	
5. Principal office address 50 ST. GEORGE COUR			City WARWICK	State RI	Zip 02888-
6. MAILING ADDRESS Contact Name	of Limited I	JABILITY COMPANY	AND NAME OR TITLE	E OF CONTACT PER	RSON:
LEO LEROUX			Contact Title		
Sireet Address 2095 ELMWOOD AVE	PO BOX 8106	66	City WARWICK	State RI	7 <i>ip</i> 02888-
7. NAMEAND ADDRESS	LILL IN SPA	ICES BEFORE USING AT	FACHMENTS ("X" BOX	FOR ATTACHMENT: \sqcap	KDLE -
Manager Name		O MANAGERS REQUIRES	FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2) /	7-16-52
David Brindle			•Manager Name •		
Street Address			· Street Address		
5400 Ocean Blvd.,	Apt. 3-2		•		
City Sarasota	State FL	Zip 34242-3329	City	State	Zip
Manager Name	J		Manager Name		
Street Address			*Street Address		<u> </u>
City	State	Zip	City		
		ωp	•	State	Zip
8. RESIDENT AGENT IN R	HODE ISLAND	DO NOT ALTER- Chang	les require filling of F	orm 642 P1CL 1	16.11
			Address	OTT 042 - 101.01. /-)	.0-11
WAYNE M. KEZIRIAN, I	ESQ.		128 DORRANCE S	STREET	
Address			City		
			PROVIDENCE		2903-
This report must be signed	linink by an d	authorized person pursi	uant to 7-16-66.		
110295 DLLC10/21/02 File Date /C	0 2 9 5 11:44:08 AM* 2 2 8 C		this report, including	erjury, I declare and affiring any accompanying schems contained herein are	edules and statements.
Check No.	/5 ⁻	-	Signature of Authorize	Bunelly ed Person	10/20/02 Date
B <u>v.</u>	l .	1			
FOR SECRETARY OF STATE U	<u>ح</u>	-	David Bring		

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

D	Number DLLC 110295	Annual Report for the year 2001					
1.	The name of the limited liability company is:						
	DRB Realty, LLC						
2.	The address of the principal office of the limited liability company is: 50 St. George Court, Warwick, RI 02888						
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 PROVIDEN	NCE RI 02903-					
5.							
	may be directed are: Leo Leroux 2095 Elmwood Avenue, PO Box 81066, Warwick, R1 02888						
6.	A brief statement of the character of state:	the business in which the limited liability company is actually engaged in this					
7.	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company Address					
	David Brindle	2095 Elmwood Avenue, P.O. Box 81066, Warwick, RI 02888					
Da	ated 10/22/01	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.					
	1 1 0 2 9 5	DRB REALTY LLC Exact Name of Limited Liability Company					
File	FOR SECRETARY OF STATE USE ONLY Date:	By Deveil R. Bunllo					
Che	eck No.: / 005	Manager					
Ву:	Zu	Form No. 632 Revised 01/99					