

Check No.

FOR SECRETARY OF STATE USE ONLY

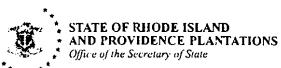
Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED :	LIABII	LITY CON	MPANY AND Filing Fee: \$50	NUAL REPORT F	OR THE Y	EAR <u>2005</u>		
FORM MUST BE T								
1. ID No.		I name of the limited		<del></del>				
127595	М	SO REALTY.	LI.C					
3. State of Formation	,	4. Brief description	of the character of the	business which is actually conducte	ed in Rhode Island			
Rhode Island	_	to own and	manage real estat	te				
5. Principal office a	ddress			City	State	Zip		
35 Timberlai	nd Drive			Lincoln	RI	02865-0000		
6. MAILING AL	DRESS C	F LIMITED LI	ABILITY COMPA	NY AND NAME OR TITLE	OFCONTACT	PERSON:		
Contact Name				Contact Title	<del></del>			
Mark G. Bri	gido			• Member				
Street Address				City	State	Zip		
35 Timberlar	d Drive			Lincoln	RI	02865-0000		
		OF EACH MAI	NAGER OF THE I	IMITED LIABILITY CO.	MPANY, IF APPL	ICABLE		
		FILE IN SPACE	CES BEFORE USING	ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT,	FOR ATTACHMENT	A Charles and the second secon		
Manager Name			,		K.I.G.E 1-10-12 (a)	(2) 1-10-32		
-				• Manager Name	• Manager Name •			
Mark G. Brig	ido			• Street Address	•			
				• Sireel Address				
35 Timberlar	id Drive	State	Zip	• Cib.	I constitution	la:		
•			1 '	City	State	Zip		
Lincoln Manager Name	• • • • •	J.RI	.02865	Manager Name				
Street Address				Street Address				
City	•	State	Zip	City	State	Zip		
8. RESIDENT AG	ENT IN R	HODE ISLAND.	DO NOT ALTER. Ch	anges require filing of	Form 642 - 01 C			
Agent Name		dobb idea ib	DO NOT ALIEN-OT	Address	FOIM 042 - KJ.G	i., 7-10-11		
Maril C. D.:								
<u>Mark G. Brig</u> Address	100			35 Timberland 1	<u>Drive</u>	=19:		
7144.C3				City		Zip		
				Lincoln	RI	02865		
This report must	he sig <b>ned</b>	'in ink hy an a	uthorized person j	pursuant to 7-16-66.				
<del></del>	1		$\neg$	this report, includ	ing any accompanyir	affirm that I have examined ag schedules and statements, in are true and correct.		

Member Form 632 Rev. 6/02

Mark G. Brigido

September 6, 2005



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 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE 1						
1.19127<9	$\leq^{1,7} E_{xact}$	t name of the limite. M.S.O	t liphilty company Realtu	LLC		
3. State of Formation	1		of the character of the	husiness which is actually condi	ucted in Rhode Island	•
Rhode Is	land	Real &	Estate Mi	anagement.	y Holding	13
5. Principal office of		land	Drive	Lincoln	State R	[ 02865
6. MAILING A. Contact Name	_			NY AND NAME OR TIT	LE OF CONTACT P	ERSON:
	G. L	rigido		: Membe	er.	
Street Address	00√c	·.) ·· · ·-		City	State	Ζιρ
2. NAME AND	ADD&F-SS			Limited Liasility C		
	ANV M			FATTACHMENTS :: ("X" & RES FILING OF AMENDME		
Manager Name	(	ONII ICALIONA I	A MONTH OF REAL	• Manager Name	ar Kanar i-ta-le fal f	k); );10-32
Mark (	5. B	rigido		•		
Street Address	h 0 c	نہ میل	Doile	· Street Address		
(3) 111 City 1	noci	land	1) (1/e	*Ciry	State	Zip
Lincoln		State RT	10286	5 : "	State	ΣΨ
Manager Name	• • • • •	<i>,</i>		Manager Name	• • • • • • • • • • • • •	
Street Address				•Street Address		
City		State	Zip	.City	State	Zip
8. RESIDENT A	GENT IN R	HODE ISLAND	DO NOT ALTER- CI	nanges require filing o	of Form 642 - R.LGI	7-16-11
.1ddr.ess		<del>-</del>	<del></del>	City	<del></del> -	Ζιρ
		·	<del></del>		<del></del> ,	
·						
This report mus	t be signed	linink by an o	authorized person	pursuant to 7-16-66:		
				Under penalty	of perjury, I declare and	affirm that I have examined
			<del></del>		luding any accompanyin tements contained hereis	g schedules and statements,
	· /			and that all sta	tements contained neres	n are true and correct.
File Date	Operation	A	<u>-</u>	Mal	1-12/51	
Check No.	AUG 2	7 2004	$\mathcal{A}$	Signature of Aut	thorused Person	Date
fins s		- TI - TI	TX 1		$\sim 0$	. 2
1	•	I I IK J II	)0	$M \wedge \sim k$	1600	10
By: FOR SECRETARY	· company of the contract of t	VIC.	<del>-</del>	Mark Print or Type N	C Brig	ido



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) 2. Exact name of the limited liability company MSO REALTY, LLC I. ID No. 127595 4. Brief description of the character of the husiness which is actually conducted in Rhode Island 3. State of Formation to own and manage real estate Rhode Island iate City 5. Principal office address 02865-0000 RI 35 Timberland Drive Lincoln 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Mark G. Brigido Member State Ciry RI 02865-0000 35 Timberland Drive Lincoln 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - ("X" BOX FOR ATTACHMENT)  $\square$ FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name Mark G. Brigido · Street Address 35 Timberland Drive State Zip ·Cin State 02865 Lincoln RI Manager Name Manager Name ·Sircei Address Sircei Addiess Cin State Zip Cuy 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL 7-16-11 Address 35 Timberland Drive Mark G. Brigido City Address Lincoln RI 02865

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

File Date	9.11.03
Check No.	1020
В <u>у:</u>	2
FOR SEC	RETARY 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

Mark G. Brigido

September 2, 2003 Date

Print or Type Name of Authorized Person

Form 632 Rev. 6:02

Member