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.	2. Exact name of the limited liabilty company			
127595	MSO REALTY, LLC			
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
Rhode Island	to own and manage real estate			
5. Principal office address		City	State	Zip
35 Timberland Drive		Lincoln	RI	02865-0000

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Mark G. Brigido	Member		
Street Address	City	State	Zip
35 Timberland Drive	Lincoln	RI	02865-0000

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
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			Street Address		
35 Timberland Drive					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
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	Address		
Mark G. Brigido	35 Timberland Drive		
Address	City		Zip
	Lincoln	RI	02865

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

[redacted] [redacted]

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.

Mark G Brigido — September 6, 2005
Signature of Authorized Person *Date*

Mark G. Brigido
By: Mark G. Brigido
Print or Type Name of Authorized Person

[redacted]

Member

File Date	9/6/05
Check No.	2374
By:	DA

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
127595	M.S.O Realty, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Real Estate Management & Holdings

5. Principal office address	City	State	Zip
35 Timberland Drive	Lincoln	RI	02865

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mark G. Brigido	Member

Street Address	City	State	Zip
as above			

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Mark G. Brigido	35 Timberland Drive	Lincoln	RI	02865

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND ***DO NOT ALTER*** **- Changes require filing of Form 642 - R.I.G.L. 7-16-13**

Agent Name	Address	City	Zip

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

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.

Mark G Brigido 8/27/04
Signature of Authorized Person *Date*

Mark G. Brigido
Print or Type Name of Authorized Person

File Date

Check No. AUG 27 2004 10109

By:

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
127595	MSO REALTY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	to own and manage real estate

5. Principal office address	City	State	Zip
35 Timberland Drive	Lincoln	RI	02865-0000

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mark G. Brigido	Member

Street Address	City	State	Zip
35 Timberland Drive	Lincoln	RI	02865-0000

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
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	Street Address
35 Timberland Drive	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
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	Address
Mark G. Brigido	35 Timberland Drive
Address	City / State / Zip
	Lincoln / RI / 02865

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

[redacted] [redacted]

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.

Mark G. Brigido — September 2, 2003
Signature of Authorized Person — *Date*

Mark G. Brigido — Member
Print or Type Name of Authorized Person

[redacted]

File Date 9.11.03
Check No. 1020
By: a
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02