



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. 127595		2. Exact name of the limited liability company MSO REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and manage real estate	
5. Principal office address 35 Timberland Drive		City Lincoln	State RI
		Zip 02865-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mark G. Brigido		Contact Title Member	
Street Address 35 Timberland Drive		City Lincoln	State RI
		Zip 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 Mark G. Brigido		• Manager Name .	
Street Address 35 Timberland Drive		• Street Address .	
City Lincoln	State RI	Zip 02865	• City .
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
State .		• State .	
Zip .		• 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 Mark G. Brigido		Address 35 Timberland Drive	
Address .		City Lincoln	State RI
		Zip 02865	

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

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

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
Member



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 # <u>127595</u> Exact name of the limited liability company <u>M.S.O. Realty, LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate Management & Holdings</u>	
5. Principal office address <u>35 Timberland Drive</u>		City <u>Lincoln</u>	State <u>RI</u> Zip <u>02865</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Mark G. Brigido</u>		Contact Title <u>Member</u>	
Street Address <u>as above</u>		City	State Zip
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 <u>Mark G. Brigido</u>		Manager Name	
Street Address <u>35 Timberland Drive</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City State Zip
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	
Address		City Zip	

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

File Date	<u>AUG 27 2004</u>
Check No.	<u>101029</u>
By:	<u>Mark G. Brigido</u>
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.

Mark G. Brigido
Signature of Authorized Person Date
Mark G. Brigido
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

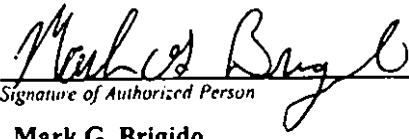
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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

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.

 **September 2, 2003**
Signature of Authorized Person Date
Mark G. Brigido **Member**
Print or Type Name of Authorized Person

File Date <u>9-11-03</u>
Check No. <u>1020</u>
By <u>2</u>
FOR SECRETARY OF STATE USE ONLY