

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 BIACK) 2. Exact name of the limited liability company 1. ID No. 137395 AWS Realty, IIc 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** REALTY COMPANY 5. Principal office address 20 COOPER STREET No. PRUU 02904 尺/ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title MANAGER DAVID Street Address State 20 COOPER 57. R1 02904 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 DAUID BRUNO Siner Address Street Address 20 COOPER 3*T*. State Zip Manager Name Hanager Name Street Address Street Address City State City 7.0 State Zφ 8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER - Changes require filing of Form 642 - R.E.G.L. 7-16-11 Agent Name Address DAVID BRUNO Address Zip **20 COOPER STREET** NORTH PROVIDENCE 02904

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

File Date	4/17/06 137395		
Check No	- <u>/3/</u>		
Ву:	FOR SECRETARY OF STATE USE ONLY		

		that I have examined this report, tatements, and that all statements.
contained herein are tr	ue and correct.	21/2/16
Signature of Authorized	Person	Date
DAUD	BRUNC)

Print or Type Name of Authorized Person