

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 2005

Filing Period: Septe	ember 1 - November 1 ED OR PRINTED IN BLA	Filing Fee: \$	50.00	N 11112 11			
1. ID No.	2. Exact name of the lin	nited liabilty company					
82598	C & G Realty, LLC						
3. State of Formation	4. Brief descrip		e business which is actually conducted in	Rhode Island			
RHODE ISLAND							
5. Principal office addre			City NARRAGANSETT	State R I	Zip 02882		
6. MAILING ADDE	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE, O	l l			
Joniaci Hame			Contact Title	F CONTACT F	ERSUN:		
CHARLES GERMA	AN	_	•				
ireel Address i6 CASWELL STR	EET		City NARRAGANSETT	State	Zip		
		ANACED OF THE		RI	02882-		
i i i i i i i i i i i i i i i i i i i	FILL IN SP	ANAGER OF THE	LIMITED LIABILITY COMPAGE ATTACHMENTS ("X" BOX FO	ANY, IF APPLIC Rattachment	CABLE		
1 1	ANY MODIFICATIONS	TO MANAGERS REQU	JIRES FILING OF AMENDMENT. R.I	.G.L.7-16-12 (a) (2) / 7-16-52		
lanager Name			· Manager Name		/ <u></u>		
Treet Address			Street Address	<u> </u>			
			Sireer nauress		1		
lity	State	Zip	*City	State	Zip		
lanager Name							
annager rame			*Manager Name				
Ircel Address	·		·Street Address				
	· · · · · · · · · · · · · · · · · · ·		•				
Tity	State	Zip	.City	State	Zip		
. RESIDENT AGEN	T IN RHODE ISLANI	DO NOT ALTER. C	nanges require filling of For	- 642 8181			
zent Name		- Jones Alleren	Address	m 042 - K.I.G.L.	7-16-11-		
JOSHUA TEVERO)W, ESQ.		55 PINE STREET				
ddress	_		City		Zip		
			PROVIDENCE		02903		
	<u>-</u>						
his report must be s	signed in ink by an	authorized person	pursuant to 7-16-66.				
8 1 (A)	IE HAAT ARRE LEIGT INT						
	<u> </u>						
8	2 5 9 8						
			Under penalty of perju	ry, I declare and a	firm that I have examined		
82598	<u> </u>		this report, including any accompanying schedules and statements,				
1 6	2010	•	and that an statements	and that all statements contained herein are true and correct.			
File Date 1	71,00	-	Misa molarlas				
heck No.	33O		Signature of Authorized	Person	Date		
	1cm(-			Date		
<u>v:</u>	- POPPEC	_	Charles Gern		<u> </u>		
OR SECRETARY OF ST	TATE LICE ONT V	ľ	Print or Type Name of Au	ithorized 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

IMITED 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 liabilty company 82598 C & G Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE RHODE ISLAND 5. Principal office address State 56 CASWELL STREET NARRAGANSETT RI 02882 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title CHARLES Street Address City Stale 56 CASWELL STREET Zip . NARRAGANSETT RI 02882-7. 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 Street Address Street Address City State Zip ·City State Zip Manager Name *Manager Name Street Address · Sireei Address State City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name JOSHUA TEVEROW, ESQ. 55 PINE STREET Address City Zip PROVIDENCE 02903

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



	9.27.04
File Date	
Check No.	1302
Ву:	Oc
FOR SECRET	ARY 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

HARLES Print or Type Name of Authorized Person



MatthewA. Brown, Secretaryof State Corporations Division 100NorthMainStreet, Providence, R102903-1335 401.222.3040

LIMITEDLIABILITYCOMPANYANNUALREPORTFORTHEYEAR FilingPeriod:September1-November1 • FilingFec:\$50.00 (FORMMUSTBETYPEDORPRINTEDINBLACK) I.IDNo. 2.Exactnameofthelimitedliabiltycompany 82598 C&GRealty,LLC 3. State of Formation 4. Briefdescriptionofthecharacterofthebusiness which is actually conducted in Rhodelsland REALESTATE RHODEISLAND 5.Principalofficeaddress City State Zip. **56CASWELLSTREET** NARRAGANSETT RI 02882 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: ContactName Contact Title CHARLESGERMAN Street Address City State 56CASWELLSTREET . NARRAGANSETT RI 02882-NAMEANDADDRESSOFEACHMANAGEROFTHELIMITEDLIABILITYCOMPANY, IFAPPLICABLE FILLINSPACESBEFOREUSINGATTACHMENTS ("X"BOXFORATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 ManagerName ·ManagerName n/a StreetAddress ·Street Address City State 7.ip •City State P.ip ManagerName ManagerName StreetAddress StreetAddress State Lip City State 8.RESIDENTAGENTINRHODEISLAND-DONOTALTER- Changes require filing of Form 642 -R.I.GL.7-16-11 JOSHUATEVEROW, ESQ. **55PINESTREET** Address City

PROVIDENCE

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

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By: By	18 500	73	_
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_	The state of the s	CkH	1272

Underpenaltyofperjury, Ideclare and affirm that I have examined thisreport, including any accompanying schedules and statements. andthatallstatementscontainedhereinaretrueandcorrect.

?ip

02903

Signatury of Authorized Person CharlesGerman

Printor TypeNumeofAuthorizedPerson

Form632Rev.6/02



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 2002

Filing Period: Septe	ember 1		Filing Fee: \$50.00	L KEI OKI FOK	IIIC II	LAK _	
(FORM MUST BE TYPE	ED OR PR	RINTED IN BLACK)	•				
1. ID No. *82598*	= 1 Shoot name of the mines habity company						
3. State of Formation	<u> </u>	4. Brief description of t	he character of the busines:	s which is actually conducted in Rh	ode Island		
RHODE ISLAND		REAL ESTATE					
5 Principal office address 56 CASWELL ST				City NARRAGANSETT	Siate R I		Zip 02882
6. MAILING ADDI Contact Name CHARLES GERM		F LIMITED LIABI	ILITY COMPANY AN	D NAME OR TITLE OF C	CONTACT P	ERSON:	
Street Address 56 CASWELL STR	REET		<u>-</u>	City NARRAGANSETT	State RI		Zip 02882-
7. NAME AND ADI	DRESS	OF EACH MANAC	GER OF THE LIMIT	ED LIABILITY COMPAN	Y. IF APPLI	CARLE	-I
		FILL IN SPACES	BEFORE USING ATTEM	CHMENTS ("X" BOX FOR A	ΤΙΧ <i>СΗΜ</i> ΕΝΊ)		, <u>-</u>
	ANY MO	DIFICATIONS TO MA	NAGERS REQUIRES FI	LING OF AMENDMENT. R.I.G.I	. 7-16-12 (a) (2	2) / 7-16-52	
Manager Name				• Manager Name			
n/a				•			
Street Address				*Street Address			
City		State	Zip	•City	State		Zip
Manager Namé				Manager Name		• • • • •	1
Street Address	_			Sircet Address			
City		State	Zip	City	State		Zip
8. RESIDENT AGEN	T IN RH	ODE ISLAND -DO	NOT ALTER- Changes	require filing of Form	642 - R.I.GL.	7-16-11	
JOSHUA TEVER	OW, ES	Q.		55 PINE STREET			
Address		· ·		City		Zip	· · · · · · · · · · · · · · · · · · ·
				PROVIDENCE	_	02903	

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



82598 D	LLC9/17/0211:20:44 AM
File Date	FILED
Check No.	SEP 3 0 2002
B <u>v;</u>	By Cc5220
FOR SECRE	TARY 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

9/26/02 Date

Charles German

Print or Type Name of Authorized Person

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



n	Number	DLLC	· 82	502
U	number	ULL	<i>-</i> 02	330

Annual Report for the year 2001

1.	The name of the limited liability compa	any is:
	C & G Realty, LLC	
2.	The address of the principal office of t	the limited liability company is:
	56 Caswell St	reet, Narragansett, RI 02882
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: JOSHUA TEVEROW, ESQ.
	55 PINE STREET PROVIDENCE RI	02903
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications
6.	A brief statement of the character of state: real estate	larragansett, RI 02882 f the business in which the limited liability company is actually engaged in this
7.		nagers, the name and address of each manager of the limited liability company Address
	n/a	
Da	ted 9-06-01	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.
		C&G Realty, LLC Exact Name of Limited Liability Company
ile	FOR SECRETARY FILEDONLY Date:	By Direction
The	SEP 13 2001 By 084447	Title Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING

To be filed annually between September 1 and November 1

Revised 01/99



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

ID	Number DLLC 82598	Annual Report for the year 2000
1.	The name of the limited liability compa	any is:
	C & G Realty, LLC	
2.	The address of the principal office of the	he limited liability company is:
	56 Caswell Stree	et, Narragansett, RI 02882
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident:	
	55 PINE STREET PROVIDENCE RI	02903
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
		Charles German
		agansett, RI 02882
 7. 	state: real estate If the limited liability company has man Name	the business in which the limited liability company is actually engaged in this name and address of each manager of the limited liability company Address
	Bed 9-15-00 8 2 5 9 8 CLARATE USE ONLY Date: SEP 2 5 2000	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. C & G Realty, LLC Exact Name of Limited Liability Company
Chec	ek No.: 5. 2000	Charles German, Member
_		Title Form No. 632

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

ID	Number <u>LL 82598</u>	Annual Report for the year 1999				
1.	The name of the limited liability company	is:				
	C & G Realty, LLC					
2.	The address of the principal office of the					
	56 Caswell Str	eet, Narrangansett, RI 02882				
3.	The state or other jurisdiction under the la	aws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident age					
	55 PINE STREET PROVIDENCE, RI 0	2903				
5.	The current mailing address of the limited	The current mailing address of the limited liability company and the name or title of a person to whom communications				
	may be directed are: Charles Ger					
	56 Caswell Street,Narragan					
7 .	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company Address				
!	n/a					
Date	ed 8/30/99	Under penalty of porium I declare and affirm that I				
		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.				
		C & G Realty, LLC				
	* 8 2 5 9 8 *	Exact Name of Limited Liability Company				
File I	OR SECRETARY OF STATE USE ONLY Date:	By				
Checl	«No.: SEP 07 1999	Title				
Зу:	By CUIY	Charles Germalf Member Form No. 632 Revised 01/99				



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

		
ID	Number <u>LL 82598</u>	Annual Report for the year 1998
1.	. The name of the limited liability compan	y is:
	C & G Realty, LLC	
2.	. The address of the principal office of the	imited liability company is:
	56 Casw	ell Street, Narragansett, RI 02882
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 ag	gent is: JOSHUA TEVEROW
	55 PINE STREET PROVIDENCE, RI	02903
5.	. The current mailing address of the	limited liability company and the name or title of a person to whom
	communications may be directed are: _	Charles German
	56 Caswell Street, Narra	
6.	A brief statement of the character of the state: Real Estate	ne business in which the limited liability company is actually engaged in this
7.	If the limited liability company has mana Name	gers, the name and address of each manager of the limited liability company Address
	n/a	
Dat	ated 8/26 , 19 98	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.
	* 8 2 5 9 8 *	C & G Realty, LLC Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY	
Chec	eck No.: 1117	Ву
By:	, 1n	Membergar
		Title .



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

ID	Number 0082598	Annual Report for the year	1997
1.	The name of the limited liability company C & G Realty, LLC	is:	
2.	The address of the principal office of the li 56 Caswell Street,		
3. 4.	The name and address of its resident ager	ws of which it is formed is: Rhode Island nt is: Joshua Teverow, Esquire ovidence, RI 02903	
6.	The current mailing address of the lincommunications may be directed are: 56 Caswell Street. A brief statement of the character of the lincommunications	nited liability company and the name or title of a per Charles German Narragansett, RI 02882 business in which the limited liability company is actually e	
7.	state: Real Estate If the limited liability company has mana company Name n/a	agers, the name and address of each manager of the I Address	imited liability
Date	ed 9/18 , 19 <u>97</u>	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and stathat all statements contained herein are true and correct.	examined this tements, and
Form	PAID OCT 2 1997 SECRETARY OF STATE	C & G REALTY, LLC Exact Name of Limited Liability Company By Président Title	

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations Office of the Secretary of State

Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

Annual Report for the year 1996

LC I.D.# 82598	Airidal Report for the year 100 i
FIRST: The name of the limited liability	company is: C & G Realty, LLC
SECOND: The address of the principal of	fice of the limited liability company is:
	Narragansett, RI 02882
THIRD: The state or other jurisdiction	under the laws of which it is formed is: Rhode Island
55 Pine Street Providence, RI 02	903
FIFTH: The current mailing address communications may be directly communications. Charles German 56 Caswell Street Narragansett, RI	of the limited liability company and the name or title of a person to whom eted are:
SIXTH: A brief statement of the char	acter of the business in which the corporation is actually engaged in this state:
Dated 9/4/90e 19 910	C & G Realty, LLC Exact Name of Limited Liability Company
File Date: 9-5-96 Check No: 1051 By: 89	*By
For Secretary of State Use Only	