



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. 114101		2. Exact name of the limited liability company Frankleen, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE, INVESTMENTS, AND OTHER LEGAL PURPOSES	
5. Principal office address 489 RESERVOIR AVENUE		City CRANSTON	State RI
			Zip 02910-
5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALAN J GOLDMAN		Contact Title	
Street Address 101 DYER STREET		City PROVIDENCE	State RI
			Zip 02903-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/> (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Kathleen A. Giorgi		Manager Name Madeline DeClemente	
Street Address 7 Scaralia Road		Street Address 28 Blue Ridge Road	
City Cranston	State RI	City Cranston	State RI
	Zip 02921		Zip 02920
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 ALAN J. GOLDMAN		Address 681 SMITH STREET	
Address		City PROVIDENCE	Zip 02908-

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



1 1 4 1 0 1

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

Date

Kathleen Giorgi

Print or Type Name of Authorized Person

114101 DLLC 06/08/05 11:48:21 AM

File Date 7/21/05

Check No. 2271

By: DA

FOR SECRETARY OF STATE USE ONLY



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114101		2. Exact name of the limited liability company Frankleen, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE, INVESTMENTS, AND OTHER LEGAL PURPOSES	
5. Principal office address 489 RESERVOIR AVE.		City CRANSTON	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALAN J GOLDMAN		Contact Title Registered Agent	
Street Address 681 Smith Street		City PROVIDENCE	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Kathleen A. Giorgi		Manager Name Madeline DeClemente	
Street Address 7 Scaralia Road		Street Address 28 Blue Ridge Road	
City Cranston	State RI	Zip 02921	City Cranston
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ALAN J. GOLDMAN		Address 681 Smith Street	
Address		City PROVIDENCE, RI	Zip 02908

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FILED
SEP 21 2004
By Kmc
m 45248

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



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114101 DLLC 08/30/04 09:31:43 AM

File Date _____

Check No. _____

By: _____

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.

Alan J Goldman
Signature of Authorized Person Date
Alan J Goldman, Esq 8/31/04
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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114101		2. Exact name of the limited liability company Frankleen, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE, INVESTMENTS, AND OTHER LEGAL PURPOSES	
5. Principal office address 489 RESERVOIR AVENUE		City CRANSTON	State RI
			Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALAN J GOLDMAN		Contact Title Registered Agent	
Street Address 681 Smith Street		City PROVIDENCE	State RI
			Zip 02908
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Francis DeClemente		Manager Name Madeline DeClemente	
Street Address 28 Blue Ridge Road		Street Address 28 Blue Ridge Road	
City Cranston	State RI	City Cranston	State RI
	Zip 02919		Zip 02919
Manager Name Kathleen Giorgi		Manager Name	
Street Address 48 Roger Williams Drive		Street Address	
City Johnston	State RI	City	State
	Zip 02919		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 ALAN J. GOLDMAN		Address 681 SMITH STREET	
Address		City PROVIDENCE	Zip 02908-

RECEIVED
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CORPORATIONS DIV.
SEP 16 12 20 PM '04

FILED
SEP 21 2004
By KMC
M 45248

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



1 1 4 1 0 1

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.

Alan J. Goldman
Signature of Authorized Person Date
Alan J. Goldman
Print or Type Name of Authorized Person

114101 DLLC 09/14/04 11:00:14 AM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114101		2. Exact name of the limited liability company Frankleen, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE, INVESTMENTS, AND OTHER LEGAL PURPOSES	
5. Principal office address 489 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALAN J. GOLDMAN		Contact Title Attorney	
Street Address 101 Dyer Street		City Providence	State RI
		Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE IF IN STATE OF RESIDENCE, USING APPLICABLE STATE OF RESIDENCE ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.G.L. 7-16-12 (a) (2) / 7-16-52)			
Manager Name FRANCIS DeCLEMENTE		Manager Name	
Street Address 489 Reservoir Avenue		Street Address	
City Cranston	State RI	City	State
	Zip 02910		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 ALAN J. GOLDMAN		Address	
Address 101 DYER STREET, SUITE 301		City PROVIDENCE	Zip 02903-

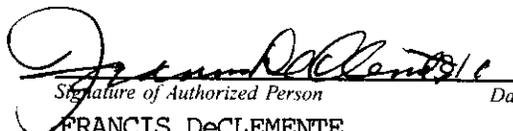
This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 1 4 1 0 1 *

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.

File Date	07-31-03
Check No.	2245
By:	dc
FOR SECRETARY OF STATE USE ONLY	


Signature of Authorized Person
FRANCIS DeCLEMENTE
Date 10/3
Manager
Print or Type Name of Authorized Person

Filing Fee: \$50.00

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

ID Number DLLC 114101

Annual Report for the year 2001

1. The name of the limited liability company is:

Frankleen, LLC

2. The address of the principal office of the limited liability company is:

489 Reservoir Avenue, Cranston, Rhode Island 02910

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 agent is: ALAN J. GOLDMAN

101 DYER STREET, SUITE 301 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: Frank DeClemente

489 Reservoir Avenue, Cranston, Rhode Island 02910

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate, investments, and other legal purposes

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated Sept 15, 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.



FRANKLEEN LLC

Exact Name of Limited Liability Company

By

Frank DeClemente
President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-19-01</u>
Check No.:	<u>2021</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us