



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 125301		2. Exact name of the limited liability company Pontiac Crossing, 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 INVESTMENT.	
5. Principal office address TWO STAFFORD COURT		City CRANSTON	State RI
		Zip 02920-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS H DIPRETE		Contact Title .	
Street Address 2 STAFFORD COURT		City CRANSTON	State RI
		Zip 02920-	
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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*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 THOMAS H. DIPRETE		Address TWO STAFFORD COURT	
Address		City CRANSTON	Zip 02920-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 2 5 3 0 1

125301 DLLC 03/07/06 02:48:19 PM

File Date 3/23/06

Check No. 6854

By: TD

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.

TD 3/7/06
Signature of Authorized Person Date
Thomas H. DiPrete Agent
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125301		2. Exact name of the limited liability company Pontiac Crossing, 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 INVESTMENT.	
5. Principal office address TWO STAFFORD COURT		City CRANSTON	State RI
		Zip 02920-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS H DIPRETE		Contact Title	
Street Address 2 STAFFORD COURT		City CRANSTON	State RI
		Zip 02920-	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 THOMAS H. DIPRETE		Address TWO STAFFORD COURT	
Address		City CRANSTON	Zip 02920-

5 11 8:55

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



1 2 5 3 0 1

125301 DLLC 09/10/04 10:01:26 AM
File Date <u>7/5/05</u>
Check No. <u>6471</u>
By: <u>DA</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.

TH 10/21/05
Signature of Authorized Person Date
Thomas H. DiPrete
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. 125301		2. Exact name of the limited liability company Pontiac Crossing, 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 Investment			
5. Principal office address 90 Diprete Ln 2 Stafford Court		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas H. Diprete			Contact Title Reg. Agent		
Street Address 2 Stafford Court		City Cranston	State RI	Zip 02920	
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 MEMBER MANAGED			Manager Name MEMBER MANAGED		
Street Address			Street Address		
City	State	Zip	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 THOMAS H. DIPRETE			Address		
Address TWO STAFFORD COURT			City CRANSTON	Zip 02920-	

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



* 1 2 5 3 0 1 *

File Date 10 14 03
Check No. 1017
By: [Signature]
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.

[Signature] 9/25/03
Signature of Authorized Person Date
THOMAS H. DIPRETE
Print or Type Name of Authorized Person