



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. 128801		2. Exact name of the limited liability company ParaSton, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO HOLD REAL ESTATE	
5. Principal office address 22 BOWEN STREET		City JOHNSTON	State RI
		Zip 02919	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name ANTHONY PARASCANDOLO		Contact Title .	
Street Address 22 BOWEN STREET		City JOHNSTON	State RI
		Zip 02919	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ARRANGEMENTS <input type="checkbox"/> BY 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 NONE		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	*City
			State
			Zip
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			State
			Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name GERALD PARASCANDOLO		Address 121 SOUTH MAIN STREET	
Address BROWN RUDNICK BERLACK ISRAELS LLP		City PROVIDENCE	Zip 02903

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



1 2 8 8 0 1

File Date 10/4/05  
Check No. 14820  
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.

Anthony Parascandolo 9/30/05  
Signature of Authorized Person Date

**ANTHONY PARASCANDOLO**  
Print or Type Name of Authorized Person



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5. Principal office address 22 BOWEN STREET		City JOHNSTON	State RI	Zip 02919	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name ANTHONY PARASCANDOLO		Contact Title .			
Street Address 22 BOWEN STREET		City JOHNSTON	State RI	Zip 02919	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ATTACHMENTS (BY BOX OR 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 NONE		Manager Name .			
Street Address		Street Address .			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name GERALD PARASCANDOLO		Address 121 SOUTH MAIN STREET			
Address BROWN RUDNICK BERLACK ISRAELS LLP		City PROVIDENCE	Zip 02903		

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



1 2 8 8 0 1

\*128801 DLLC 09/11/03 10:49:38 AM\*

File Date 11/9/04

Check No. 5048

By A.

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.

Anthony Parascandolo  
Signature of Authorized Person Date

ANTHONY PARASCANDOLO  
Print or Type Name of Authorized Person



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**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. 128801		2. Exact name of the limited liability company ParaSton, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO HOLD REAL ESTATE	
5. Principal office address 15 BOWEN STREET		City JOHNSTON	State RI Zip 02919
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name MICHAEL PARASCANDOLO		Contact Title MEMBER	
Street Address 15 BOWEN STREET		City JOHNSTON	State RI Zip 02919
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> 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 NONE		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	*City      *State      *Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City      *State      *Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name GERALD PARASCANDOLO		Address 121 SOUTH MAIN STREET	
Address BROWN RUDNICK BERLACK ISRAELS LLP		City PROVIDENCE	Zip 02903

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



\*128801 DLLC 09/11/03 10:49:38 AM\*

File Date **FILED**

Check No. **OCT 08 2003**

By: *[Signature]* #1306

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.

*Michael A Parascandolo 10/7/03*  
Signature of Authorized Person      Date

**MICHAEL PARASCANDOLO**  
Print or Type Name of Authorized Person