

Corporations (m.: 100 North Main Street Providence, Rl 02903-1335 401-222-3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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 liability company 99101 County Development Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE **RHODE ISLAND** 5. Principal office address City Ζíρ 835 Taunton Avenue East Providence RΙ 02914 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title J. Robert Pesce
Street Address Manager 835 Taunton Avenue East Providence RI 02914 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 Z(p)State Zip Manager Name Manager Name Street Address Street Address City Z(t) Cit_1 State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address RICHARD C. TALLO, ESQ. Address Citr Zip 750 EAST AVENUE PAWTUCKET 02860-

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

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct. Suphanire of Authorited Person Date
By:	J. Robert Pesce Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 99101 County Development Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Islan REAL ESTATE RHODE ISLAND 5. Principal office address State PROVIDENCE -835 Taunton Avertue we RТ 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title ROBERT PESCE MEMBER Street Address 835 Taunton Avenue EAST PROVIDENCE RI 02914-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED EIABILITY COMPANY, IF APPLICABLE

STILL IN SPACES BEFORE USING ATTACHMENTS, 18 (*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 Street Address · Street Address City Zip Manager Name Manager Name Street Address Street Address State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL 7-16-11 JOSHUA TEVEROW, ESQ. 55 PINE STREET Address Zip PROVIDENCE 02903

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

	99101	
		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
ïile Date	10-6-04	and that all statements contained herein are true and correct.
heck No <u>.</u> v:	200	Signature of Authorized Person Date TRoberT PRSCE
OR SECRETAR	RY OF STATE USE ONLY	Print or Type Name of Authorized Person Form 632 Rev. 6/02



MatthewA.Brown, Secretaryof State Corporations Division 100NorthMainStreet, Providence, R102903-1335 401, 222, 3040

LIMITEDLIABILITYCOMPANYANNUALREPORTFORTHEYEAR

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3.StateofFormation		•	sess which is actually conducted in Rhode Ist	and	
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5.Principalofficeadd	ress		City	State	Zip .
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ContactName			ContactTitle		
ROBERTPESCE					
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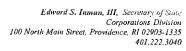
This report must be signed in ink by an authorized person pursuant to 7-16-66.

99101DLLC09/08/0312:16:17PM FORSECRETARYOFSTATEUSEONLY

Under penalty of perjury, I declar can daffirm that lhave examinedthisreport, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

RobertPesce PrintorTypeNameofAuthorizedPerson

Form632Rev.6/02





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

1. ID No.	2. Exact	NINTED IN BLACK) I name of the limited			-		_
99101 3. State of Formation	Count	<u> </u>	Associates, LLC	ness which is actually conducted	in Bhada taland		_
RHODE ISLAND		REAL ESTATE	y ine character of the bush	ness which is actually conducted	i in Knode Island		
5. Principal office addre 198 DYER STREE				City PROVIDENCE	State R I	Zip 02903	
6. MAILING ADDR	ESS O	F LIMITED LIA	BILITY COMPANY	AND NAME OR TITLE	OF CONTACT I	PERSON:	
ROBERT PESCE			4	:			i
Street Address 981 DYER STREE	т			City PROVIDENCE	State R I	<i>Ζίφ</i> 02903-	
7. NAME AND ADD	RESS	OF EACH MAN	AGER OF THE LIM	ITED LIABILITY COM	PANY IF APPL	ICABLE	續
		FILL IN SPÄCI	S BEFORE USING AT	tachments (° <i>x°,b0x1</i>	FOR ATTACIONENT) []	ME.
procedure (1912) and and an experience of the control of the contr	ANY MO	ODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) ((2) <i>J.</i> 7-16-52	***
Manager Name n/a				• Manager Name •			
Street Address				• Street Address		· · · · · · · · · · · · · · · · · · ·	_
				•			!
City		State	Zip	*City	State	Zip	
Manager Name	• • • •	J		Manager Name			, .
Street Address				•Street Address			
City		State	Zip	City	State	Zip	┪
8. RESIDENT AGEN	T IN RI	I HÖDE ISLAND -D	o NOT ALTER- Chang	jes require filing of F	orm 642 - R.I.G.I	L-7-16-11	学
JOSHUA TEVERO	W. ES	SQ.		55 PINE STREET	•		-
Address		· · · · · · · · · · · · · · · · · · ·		City		Zip	-
				PROVIDENCE		02903	
99101 DLLC9/17/ File Date 10 1	/021 _/ 1:2	23:47 AM	thorized person purs	Under penalty of pe this report, includin	g thy accompanying the contained berein	affirm that I have examined ag schedules and statements, an are true and correct.	3
B _V : 0-	SA		1	Robert Pes		Form 632 Rev. 6/	— 02

To be filed annually between September 1 and November 1

Filing Fee: \$50.00



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 N	umber	DLLC	99101	
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Annual Report for the year 2001

1.	The name of the limited liability company is	:			
	County Development Associates, LLC				
2.	The address of the principal office of the lin	nited liability company is:			
	198 Dyer Street, Providen	ce, RI 02903			
3.	The state or other jurisdiction under the law	s 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 0290	3			
5.	The current mailing address of the limited i	iability company and the name or title of a person to wh	nom communications		
	may be directed are: Rober	t Pesce	<u> </u>		
		ovidence, RI 02903			
6.	A brief statement of the character of the	business in which the limited liability company is acti	ually engaged in this		
	state: real estate develo	pment			
7.	If the limited liability company has manager	s, the name and address of each manager of the limit Address	ed liability company		
	n/a	~			
Dat	sted 9/04/01	Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules a that all statements contained herein are true and con	and statements, and		
		County Development Associates,	LLC		
	9 9 1 0 1	Exact Name of Limited Liability Compan	/		
	FOR SECRETARY OF STATE IS: ONLY	By Robert Posal			
	Date: SEP 1 3 2001	Robert Pesce, Member			
Cheo Sv:	By <u>CC 11218</u>	Title	Form No. 632 Revised 01/99		

Filing Fee: \$50.00 To be filed annually between September 1 and November 1



ID Number DLLC 99101

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

Annual Report for the year 2000

LIMITED LIABILITY COMPANY

1.	The name of the limited liability company is:		
	County Development Associates, LLC		
2.	The address of the principal office of the limited liability company is:		
	198 Dyer Street, Providence, RI 02903		
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: JOSHUA TEVEROW, ESQ.		
	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 communication		
	may be directed are: Robert Pesce		
	981 Dyer Street, PRovidence, RI 02903		
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this		
	state: real estate development		
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company **Real Property Company Address** **Address** **Addres		
	n/a		

that all statements contained herein are true and correct.

County Development Associates,

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
File Date: 10/2/2000

Check No .: 10079

Dated 9-15-00

By: JB

report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this

Robert Pesce, 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

LIMITED LIABILITY COMPANY

ID	Number LL 99101	Annual Report for the year 1999				
1.	The name of the limited liability company is	s:				
	County Development Associates, LLC					
2.	The address of the principal office of the in	mited liability company is: rovidence, RI 02903	1			
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 ager	nt is: JOSHUA TEVEROW, ESQ.				
	55 PINE STREET PROVIDENCE, RI 029	903				
5.	The current mailing address of the limited	liability company and the name or title of a person to who	m communications			
	may be directed are:Robert_Pe	esce	~			
		Street, Providence, RI 02903				
6.	A brief statement of the character of the state:real_estate develop	business in which the limited liability company is actua	lly engaged in this			
7.	lf the limited liability company has manager Name	s, the name and address of each manager of the limited Address	liability company			
	n/a					
Date	ed 8/30/99	. Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and correct	statements and			
	* 9 9 1 0 1 *	County Development Associates,				
T	cg, 11 so 7	Exact Name of Limited Liability Company				
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Checl	NoDEC 08 1999, PLYES BY ALE	Robert Pesce, Member				
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