STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Div. . . .
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.	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**
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
835 Taunton Avenue	East Providence	RI	02914

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
J. Robert Pesce	Manager

Street Address	City	State	Zip
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 / 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	Address		
RICHARD C. TALLO, ESQ.			
Address	City		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.*

[redacted]

File Date 11/30/05 *99101*

Check No. 777

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

x J. Robert Pesce 9-9-05

Signature of Authorized Person *Date*

J. Robert Pesce

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 7/03

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.	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
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
835 Taunton ~~Avenue~~ Ave	PROVINCE	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ROBERT PESCE	MEMBER

Street Address	City	State	Zip
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 / 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	Address
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.*

[redacted] 9 9 1 0 1

File Date	10-20-04
Check No.	3455
By:	ac

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.

J Robert Pesce 9-17-04
Signature of Authorized Person *Date*

J Robert PESCE
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

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.	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
RHODE ISLAND	**REAL ESTATE**

5. Principal office address	City	State	Zip
198 DYER STREET	PROVIDENCE	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
ROBERT PESCE	

Street Address	City	State	Zip
981 DYER STREET	PROVIDENCE	RI	02903-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE)
FILL IN SPACE BELOW FOR ADDITIONAL ATTACHMENTS ☐ (CHECK 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	City	State	Zip
n/a				

8. RESIDENT AGENT IN RHODE ISLAND — DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-1-14

Agent Name	Address	City	Zip
JOSHUA TEVEROW, ESQ.	55 PINE STREET	PROVIDENCE	02903

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

[redacted] 9 9 1 0 1

99101DLLC09/08/03 12:16:17PM
File Date 10/22/03
Check No. 1963
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Robert Pesce 9-10-03
Signature of Authorized Person *Date*

[redacted] Robert Pesce
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

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: 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*
RHODE ISLAND	REAL ESTATE

5. Principal office address	*City*	*State*	*Zip*
198 DYER STREET	PROVIDENCE	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
ROBERT PESCE	

Street Address	*City*	*State*	*Zip*
981 DYER STREET	PROVIDENCE	RI	02903-

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	*Street Address*	*City*	*State*	*Zip*
n/a				
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*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	*Address*	*City*	*Zip*
JOSHUA TEVEROW, ESQ.	55 PINE STREET	PROVIDENCE	02903

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

[redacted] *99101

99101 DLLC9/17/0211:23:47 AM
File Date 10/17/02
Check No. 12685
By: DA
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.

[redacted] Robert Pesce 9-23-02
Signature of Authorized Person *Date*

Robert Pesce
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 99101 **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 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 communications may be directed are: Robert Pesce

   198 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

Name	*Address*
n/a	

Dated 9/04/01

99101

FOR SECRETARY OF STATE USE ONLY
File Date: FILED
Check No.: SEP 13 2001
By: By CC11218

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.

County Development Associates, LLC
Exact Name of Limited Liability Company

By Robert Pesce

Robert Pesce, Member
Title

Form No. 632
Revised 01/99

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 **99101** **Annual Report for the year** **2000**

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 communications 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**

Name	*Address*
n/a	

Dated 9-15-00

9 9 1 0 1

FOR SECRETARY OF STATE USE ONLY
File Date: 10/2/2000
Check No.: 10074
By: JB

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.

County Development Associates, LLC
Exact Name of Limited Liability Company

By Robert Pesce

Robert Pesce, Member
Title

Form No. 632
Revised 01/99

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 LL 99101 **Annual Report for the year** 1999

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 communications 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

Name	*Address*
n/a	

Dated 8/30/99

* 9 9 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.

County Development Associates, LLC
Exact Name of Limited Liability Company

By Robert Pesce

Robert Pesce, Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: FILED
Check No. DEC 08 1999
By: By CC6594

Form No. 632
Revised 01/99