



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

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. 117105		2. Exact name of the limited liability company LPI Properties, 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 PROPERTY MANAGEMENT	
5. Principal office address 29 ARMY ST.		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Claudia L. Fazia		Contact Title Member	
Street Address 485 GREENVILLE AVE		City JOHNSTON	State RI
		Zip 02919	
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
			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 JANE G. GURZENDA, ESQ.		Address GORHAM & GORHAM	
Address 25 DANIELSON PIKE, P.O. BOX 46		City NORTH SCITUATE	Zip 02857

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



File Date	10/14/05	117105*
Check No.	1247	
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.

Signature of Authorized Person Date 9-7-05
Claudia L. Fazia
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. 117105		2. Exact name of the limited liability company LPI Properties, 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 PROPERTY MANAGEMENT			
5. Principal office address 29 Armento Street		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Claudia LaFazia			Contact Title Member		
Street Address 29 Armento Street		City Johnston	State RI	Zip 02919	
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	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 JANE G. GURZENDA, ESQ.			Address GORHAM & GORHAM		
Address 25 DANIELSON PIKE, P.O. BOX 46			City NORTH SCITUATE	Zip 02857	

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



* 1 1 7 1 0 5 *

File Date	9/16/04
Check No.	1216
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.

Signature of Authorized Person Date 9-13-04

Claudia LaFazia
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. 117105		2. Exact name of the limited liability company LPI Properties, 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 PROPERTY MANAGEMENT	
5. Principal office address 29 Armento Street		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Claudia LaFazia		Contact Title Member	
Street Address 29 Armento Street		City Johnston	State RI
		Zip 02919	
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	City	State
Zip		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 JANE G. GURZENDA, ESQ.		Address GORHAM & GORHAM	
Address 25 DANIELSON PIKE, P.O. BOX 46		City NORTH SCITUATE	Zip 02857-

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



* 1 1 7 1 0 5 *

File Date	9-26-03
Check No.	1143
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.

Signature of Authorized Person
Date 9-22-03

Print or Type Name of Authorized Person

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)

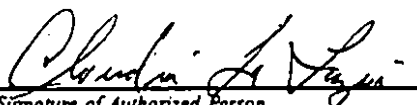
1. ID No. 117105		2. Exact name of the limited liability company LPI Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate property management	
5. Principal office address 29 Armento Street		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY (IF YOU OR LACK OF CONTACT PERSON)			
Contact Name Claudia LaFazia		Contact Title Member	
Street Address 29 Armento Street		City Johnston	State RI
		Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF PUBLIC UTILITY, BANK, INSURANCE, OR FINANCIAL INSTITUTION, OR ANY OTHER BUSINESS REGULATED BY A STATE AGENCY, ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT TO FORM 632)			
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 (IF CHANGES TO CURRENT LISTING OF AGENT, FILE AMENDMENT TO FORM 632)			
Agent Name JANE G. GURZENDA, ESQ.		Address GORHAM & GORHAM	
Address 25 DANIELSON PIKE, P.O. BOX 46		City NORTH SCITUATE	Zip 02857

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



* 1 1 7 1 0 5 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedule, and statements, and that all statements contained herein are true and correct.

 12-12-02
 Signature of Authorized Person Date

Claudia LaFazia
 Print or Type Name of Authorized Person

File Date: 12-12-02
 Check No.: 117105
 FOR SECRETARY OF STATE USE ONLY